

THE  
NEW JERSEY MEDICAL REPORTER.

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*"Hooker on Homœopathy."* By JAMES H. STUART, A. M., M. D.

HAVING just completed the perusal of an instructive and entertaining little volume, entitled "Homœopathy, an Examination of its Doctrines and Evidences," by Worthington Hooker, M. D., I cannot resist the temptation to make a few remarks on it. And first, I most sincerely regret it was ever written at all. It is giving entirely too much importance to a childish delusion, for a man of Dr. Hooker's ability to notice it in print. To use a simile, ordinarily attributed to Thaddeus Stevens, though *originated* long before his time, it is but crushing the reptile to render his loathsome deformity more perceptible by his mangled remains than ever it was by his living body. Such a book will be read by but few of the deluded votaries, who raise their hosannas at the shrine of Hahnemann. Those who alone will be benefited by it, are those whose professional education and honest hearts render all such delusions equally disgusting and amusing to them, without any exposition. Even supposing the masses do read it, they will not follow the argument, but will be amazed at the monstrosities they have been gulled by; and, of course, only adhere more steadily to their "persecuted faith."

As an illustration of the kind of influence the book will have, let me quote the notice of the Tribune: "it assails homœopathy with weak argument and strong invective." Now, what is the use of exposing humbug, when the exposition is thus summarily treated in a leading paper of the day? Thousands read that paper, who will never see the book to judge for themselves. Hundreds, perhaps, will be prevented from reading it by that little sentence. How carelessly men write on the most important subjects. It may be, that many will lose their lives indirectly

through their blind veneration for that little great editor's opinion. The great man sits on his throne, and throws off a few scratches of his pen, and those pen marks influence myriads. Either he *did* read the book he thus branded, or he did not. If he did *not*, how meanly wicked thus to pronounce upon a thing of which he knew nothing. If he *did*, Heaven help his perception! So far as *I* can judge, there is not one word of *invective* in the whole volume. It is, throughout, mild and gentlemanly; much milder than is necessary in dealing with deliberate imposture and vile charlatanism.

The *argument* is demonstration. Mathematics could not more surely prove a thing. But I become tedious. The book *should* be extensively circulated, now that it *is* published. No doubt, scores of those whose delusions it exposes will virulently attack their relentless destroyer, and he should at least have the privilege of being heard.

One word more, and I have done. The book contains a gross and almost fatal error. Throughout the whole of it, scientific medicine is styled "Allopathy," in compliment, as the author insinuates, to popular ignorance. Now, this is entirely too *great* a compliment to ignorance. The people who read it will forget his remarks in the note concerning his motives for thus using the word, and simply take it for an admission of the quack's own epithet.

This should not be. "Scientific Medicine" is the proper term to use to avoid error, and we sincerely trust it will be used in the future editions of the work.

I would repeat again, silence is the only proper treatment to bestow on quackery. It will die if let alone, but "persecution" will supply it with an artificial life far beyond the natural term of its existence.

ERIE, PA. Feb. 1852.

"Who can name it?" By THOMAS F. CULLEN, M. D.

MY attention was called to the article under this head in the January number of the *Reporter*. The case there narrated is certainly somewhat peculiar, and one that would, perhaps, puzzle the nosologist; certain it is, that I have no wish to assume the office, and yet, upon sketching through the report of the case, I was struck with some points of resemblance between it and two cases reported in "Mann's Medical Sketches of the Campaigns of 1812-13 and 14."

The sufferers, "Major Beebee" and "Colonel Johnson," used large quantities of plumb. acet. for the cure of diarrhœa (five or six pills as large as peas daily), until the most terrible effects were experienced, embracing all the phenomena laid down in Dr. Challiss' case, together with some symptoms not there present.

Calomel, sulphur, followed by opium pure, and the pulv. Doveri, the metallic and vegetable tonics, diffusible stimulants, blisters and cataplasms, were used with but little good effect, as both patients died.

In Dr. Challiss' case, the treatment seems to have been judicious. Why not then push it, and vary only with a change of symptoms?

I do not wish to be understood as representing the cases reported by Mann, as perfectly analogous with that of Challiss', and yet they are in some measure parallel; certainly, in Mann's cases, a long train of evils followed up the indiscreet use of plumb. acet., and is it not reasonable to suppose that as in Dr. C.'s case some members of the family had been affected with *colica pictonum* by the use of water passing through lead pipes, the disease in the case in point was caused by the action of lead, although in a somewhat modified and anomalous form.

If, upon referring to "Mann's Sketches," you should deem this as throwing any light upon the case, give it a place in your journal; if not, by applying this paper to the flame of the candle, it will certainly give a temporary illumination to your sanctum.

CAMDEN, January 20th, 1852.

*Singular Form of Exanthem.* By E. D. CROSFIELD, M. D.,  
Warren County, Ohio.

"FOR the last nine years, I have been actively engaged in the practice of medicine in the Miami Valley, State of Ohio. Within that period of time, I have met with almost every disease incident to the country and climate, from the most simple functional derangement, to the most confirmed and fatal organic disease; the first digression from healthy action, to that grade of morbid excitation which suddenly prostrates all the energies of the constitution, producing immediate death.

"The section of country in which I am located is, from long experience, called healthy; the face of the country is high and rolling, the land rich and fertile, and easy of cultivation; the inhabitants, mostly farmers, healthy and wealthy, from habits of industry, temperance, and economy. The most prevalent diseases in this country are not dissimilar to those met with in New Jersey. I have, however, seen some diseases here that I never saw there. We have an epidemic disease prevailing among us at the present time, which I never saw in any other section of the country. It has been in our neighborhood for nearly two years, is called contagious by some, and epidemic by others, and has obtained different appellations in different neighborhoods. For its initial phenomenon it resembles rubeola, but its true diagnostic character is roseola of Willan. When unconnected with other disease, it is really simple in its character; but when combined, as it sometimes is, with typhus fever, it is extremely dangerous, and often fatal. A great variety of opinion has obtained, among physicians, not only with regard to names, but the same variety of opinion has obtained with regard to the characteristics of the disease; some have considered it a disease of a high grade of *tonic action*, and have attacked it with lancet, calomel, antimony, and the whole catalogue of *antiphlogistics*, which invariably proved fatal in a few hours. Some have treated it with heating diaphoretics, and stimulating draughts, which have proved equally unfortunate.

"The disease is generally ushered in with chills, languor, and headache; this is followed by febrile reaction, sometimes attended



with delirium and convulsions; the skin hot; bowels constipated; diarrhœa often soon intervening; the eruption first appearing on the face, and neck, from the second to the ninth day of the disease, gradually extending over a great part of the body; the spots are identically resembling in appearance those spots produced by a pointed instrument puncturing the skin, the instrument having been dipped in red ink, the ink spreading under the skin, producing a bright scarlet color in the centre, gradually paler towards the circumference, being from two to three lines in diameter. When the eruption is very copious, the skin appears one scarlet blush, thickly interspersed with roseolous points; these points not the least elevated; sometimes a papulous eruption, with considerable tumefaction of the face and extremities, attends. It is generally attended with sore throat and difficult deglutition, but without that distinct catarrhal character of rubeola. The eruption continues from four to fourteen days, and goes off without desquamation; a second and often a third eruption supervenes; painful neuralgic affections of the joints often remain as a sequel of this eruptive fever. Rest, moderate warmth, with mild cooling aperients, is all that is required in the treatment of this disease, as it has appeared under my observation."

NOTE.—The above was communicated in a letter, to our friend Dr. J. B. Munn, of Morris County in this State, by whom it has been sent to us for publication. ED.

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THE following communication is accompanied by a note from its author, in which he says:—

"I wish you to keep in mind, I am an old man, and may be excused for incorrectness of style," &c.

We insert the article cheerfully, as it contains the result of observations on the subject during a long period of years. Though we are free to say, with great deference to our aged correspondent, that were he a young man like ourselves, we might be disposed to question his views; but we will not now

raise our feeble voice in opposition to his long and well-tried experience.

*Observations on the use of Ergot in Parturition.* By ARIEL  
HUNTON, M. D.

MR. EDITOR: In the November number of the Reporter, I noticed a short production from the pen of L. A. Smith, M. D., which induced me to send you my views on the subject.

By inquiring, I found you had not received my production, and Dr. Butler has had the kindness to send me the April number, containing notices on the same subject; it is there stated the exhibition of ergot will produce retention of the placenta. In a practice of nearly forty years, I have never noticed such an effect; I have occasionally exhibited the ergot, from my first commencing business. In lingering cases, and where the pains are not forcible, I exhibit this drug, and it will generally induce powerful uterine contractions.

I usually expect to see the effect of the article in about twenty minutes, and am not often disappointed; but have in my recollection cases, where the pains have been thrown over the system, in such a manner, that I was sure labor was retarded by its exhibition. Those cases are rare.

Ergot in my practice is an exciter of uterine contractions after labor has commenced; I have no knowledge it will before. Many females have informed me they have taken it for the express purpose of procuring *abortion*; I knew no one to succeed. The first account I ever saw of the medical virtues of ergot was in the New York Med. Repository, nearly forty years since. It was there stated it would produce labor pains, abortion, and menstruation. I was more than twenty years since called as counsel in a case of spasmodic contraction of the os uteri; this was previous to the birth of the child. Rest, with large portions of Dover's powder, with camphor, allayed the spasms, and the woman was delivered of a dead child.

On adhesions of the placenta I have once written to you; but the paper having miscarried, I will attempt to supply its place.

I appeal to any man of age and experience, whether he

ever had any difficulty in removing the placenta, when the uterus readily performs its tonic contractions. I have had many adhesions of the placenta, which gave me some trouble to remove them; but all those were cases where I was not able to induce contraction of the womb. I will state with Dr. Smith, after the delivery of the child, I always pass my hand over the abdomen, to ascertain if there be another child, and if the uterus has contracted, and if necessary use pressure, kneading or manipulating, to induce contractions. If I do induce them, I feel sure I shall have no trouble in its removal; if it does not contract, it causes solicitude.

I hazard very little in asserting, all placentas adhere alike before the birth of the child. Now I intreat of the reader to not accuse the *old man* of *fanaticism* until you *read*, and *consider*, his reasons for those conclusions.

How does the womb free itself from the placenta? The moment the child leaves the uterus, is not the adhesion as firm as an hour previous? If there is the desired contraction, does not the uterus force this article from its own body? It fulls up (if you will permit me to use the similitude), and shoves itself from the placenta. If it does not contract or full and thicken its walls, what follows? Why adhesions are inevitable. If tonic contractions cannot be induced, the hooks on your hands must separate it, or if left to nature, they do occasionally survive, if so, for three months, a most disgusting, offensive, fetid object.

Every medical man has his own way, or hobby, especially in obstetrics; my rule is not to let the puerperal woman lie but one hour, before I remove the placenta by a manual operation. Nearly twenty years since, I was called fourteen miles from my residence, to a woman in labor with her first child. She had been sick two or three days (I write from memory); her pains (as I was informed by two attending physicians), which had been regular and forcible, had entirely left her; various remedies had been tried to induce uterine contractions, but had all failed; and, all being satisfied of the death of the child, it was thought advisable to perform craniotomy, which was accordingly done, the child extracted by manual force, without the most remote assistance of the uterus. After the extraction of the child,

the uterus did not contract; all the kneading and manipulating had no effect on the uterus. Here we administered the ergot, without any apparent effect; the warm bath and stimulants to the bowels produced no contractions. The attending physicians were for permitting nature to perform her operations without assistance, to which I objected, averring I would never leave a puerperal woman in so precarious a predicament. As my fingers were in an exhausted state, I desired one of my colleagues to introduce his hand and disengage the adhering placenta. He refused because he had never performed the operation, which I was compelled to perform. The adhesion, *I think*, was about the consistence of that of the lard to the peritoneum of a hog, a *homely expression*, but the best occurring to my mind. Now will any one hesitate to say, if tonic contractions of this uterus could have been induced, there would have been no adhesion? Truth being my *aim*, if I am wrong I will take it kind in any of my medical brethren to show me my error.

HYDEPARK, LAMOILLE COUNTY, VT.

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*Post-Mortem Examinations and Medical Testimony in Cases of Homicide.* By J. LAWRENCE DAY, M. D.

THIS is a subject of vast importance to the due administration of justice. The weight of the examining physician's testimony depends not so much upon his age or experience, as upon the manner, as well as the extent of the examination. If, for example, it should appear in the evidence that the surgeon was negligent or regardless of the finer feelings of our nature, in the manner of effecting the examination, his testimony, however true in itself, would have little weight with an intelligent jury.

I have somewhere seen rules laid down for the instruction of surgeons in post-mortem examinations where any suspicion of criminal cause of death exists; wherein it was advised to examine not only the immediate seat of the injury, but the vital organs

generally, that should a question arise, as to whether disease of the heart, apoplexy, or some other structural lesion, rather than the injury alleged, might not be the cause of the death, the surgeon might be able to answer intelligently.

Before speaking of a case recently tried in this county, I may remark—one reason for the cursory post-mortem examinations too often made, is found in the fact that county officers are too unwilling to *pay* for a thorough examination conducted in a scientific manner. For one, I am determined not to make any post-mortem examination for the public, unless it be thorough, and one calculated to meet the ends required, to wit: a full understanding of the cause and manner of the death, as far as the circumstances of the case will admit; and for so doing I will have a *good fee*. The profession may require this at my hand. The fee is the more necessary for *this* service, since such examination makes the surgeon a witness in the case, whereby he may be kept day after day, and perhaps week after week, away from his business attending court, at the rate of four or five shillings a day.

The case tried here was an interesting one in some respects. I propose to give to the readers of your valuable journal a brief notice of some of the facts, and the medical points in the case. I hope doing this will elicit from your readers communications on the subject, much more interesting and instructive; for trials may frequently occur in which the medical testimony rules, or should rule, the case.

The deceased was a town charge, boarding with defendant. Defendant admitted that he shot deceased, but alleged he did so in self-defence. That the deceased was in bed, apparently asleep, when defendant went into the room for a lawful purpose. When about to retire again, deceased made some threats; in the act of rising to attack defendant, he was shot with a pistol, and defendant passed rapidly out. Defendant himself made known that he had shot, and requested persons to go and see if deceased was hurt. They had quarrelled the day before, and defendant had been worsted.

Deceased was found dead in his bed—hat, coat, and boots off—about ten o'clock A. M.; had gone to his room only a short time before; bed situated on the second floor of a story and a half house; right side of bed parallel with the left side of a door, entering

the gable from a platform and steps outside (no other entrance to the room).

The head of deceased was toward the door, and face toward that side of the bed parallel with the door-way; head flexed forward; body in a natural, easy, sleeping position, partially covered, and the eyes closed. Three or four specks of blood and brain on the wall beside the door; brain on the pillow, with blood oozed from the wound. The only wound was found in the frontal bone, left side, about half an inch from both the median line and the coronal suture, and on examination the ball was found in the cavity of the atlas posteriorly, very much flattened, resting between the theca vertebralis and the bone.

The State argued that the deceased was shot as he lay asleep—deliberately murdered. The defence, as before stated. Medical witnesses were asked, how long would a man live, being shot as described?

Ans. The wound was instantaneous death.

Did he move after he received the shot?

No; as the shot found him so he remained. The ball in its passage destroyed sensation and motion, passing through the cerebrum, and cutting almost the entire substance of the medulla oblongata at about the point where it merges in the medulla spinalis.

As the case seemed to turn upon the position and the direction of the wound, and the closed eye, a great deal of testimony (not medical) was introduced to prove there was nothing in the position of the body, and the direction of the wound, or the surrounding circumstances, to prevent the possibility of his being shot, as alleged, from the inside of the room; the State alleging, on their part, that he must have been shot from the platform. And much other testimony, one only medical, to prove that "*the closed eye is the state of death,*" and that on the battle fields in Mexico, dead soldiers were sometimes seen with eyes closed, especially if shot in the head. My own experience, in a practice of twelve years, is that some kind hand must "*close the eyes in death,*" or the corpse is staring and unsightly.

There was not such knowledge of elementary truths in anatomy and physiology displayed as might be expected from learned



judges of the law, else one of the medical witnesses had no need to compare the cerebral substance to soft soap, to give an idea of its consistency.

Query. Would not some small portions of the contents of the head be forcibly displaced by the entrance of the ball; and might we not look for them upon the wall, nearly in a line with the body, and in the general direction towards the point from which the shot came?

2. Did the deceased wink at the flash, and the instantaneous cessation of motion fix the eye shut in the act?

3. Could a man so rise (in a bed twelve inches from the floor) as to be shot thus by a man passing out by the side of the bed? If so, would the body fall forward or backward?

4. If shot half erect, would the matter displaced by the ball be upon the roof above the head, or some feet off against the wall?

With a single remark I will close. The testimony of the examining physician in this case, did not weigh with the jury, from the fact (probably) of its having been proved that the wound was probed by some of the jury with a stick, after the Dr. had completed his examination, as to the direction the ball had taken. And again, that a very poor, common tenon saw was used in removing the calvarium, and an iron wedge, by a man voluntarily aiding the Dr., to open the saw cut, and prize off the skull-cap; leaving room to argue, that after such probing and such roughness, in removing the calvarium, no correct conclusions could be drawn from the place *where* the ball was *found*, as to the course it had taken.

Verdict "NOT GUILTY."

LUZERNE Co. PA. Feb. 16th, 1852.

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*Spontaneous Rupture of the Umbilical Cord.* By the EDITOR.

I WAS called to see a German lady in labor with her second child; found her with ample pelvis, the head presenting its ver-

tex, os uteri dilated fully, secretions abundant, and the membrane formed into a large pouch over the child. Diagnosticated a speedy and easy delivery, and proceeded to prepare the patient and bed, *secundum artem*. In less than half an hour the waters were evacuated, and the head readily engaged in the inferior strait; when the pains became very laborious and continued; firm pressure was made with a compress upon the perineum, to save it from injury, and the labor allowed to progress without interference. The head was soon born, but without relieving the continued effort at expulsion. To aid in the delivery of the shoulders, I hooked my index finger into the axilla, and made slight traction to disengage the body. A very little effort brought the shoulder from behind the pubis, and a powerful contraction of the uterus expelled the entire body, throwing it some two feet from the mother, and *rupturing the cord about three inches from the umbilicus*. The child was immediately sprinkled with blood, which first attracted my attention to the fact. At the point of separation, the cord was lacerated for an inch or more in its length. After securing the foetal portion of it, and disposing of the child, which did not seem to be injured by the hemorrhage, I proceeded to deliver the placenta. Placing my left hand over the fundus uteri, and making firm pressure, and at the same time using gentle traction with my right, upon the cord, I felt it yielding under the effort, and therefore trusted to the expulsive powers of the uterus to disengage it. In a very few minutes it came away, and I found it lacerated in another place, though not entirely separated. Never having met with a similar instance in my own experience, and not remembering to have seen a notice of any such in books, I state the case simply as it occurred. It is true that we often witness cases where partial disorganization has taken place, from the death of the foetus, or where the placenta and its attachments may not be developed, as in premature births; but the child in this instance had lived out the full period of utero-gestation; the mother is a fine, healthy, robust woman, and the rupture was purely the result of powerful uterine effort.

BURLINGTON, Feb. 1852.

## BIBLIOGRAPHICAL NOTICES.

1. *The Medical Student's Vade-Mecum, a Compendium of Anatomy, Physiology, Chemistry, Materia Medica and Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, Poisons, &c. &c. &c.* By GEO. MENDENHALL, M. D., Lecturer on Obstetrics in the Medical Institute of Cincinnati; Member of the American Medical Association, &c. &c. Third edition, revised and greatly enlarged; with two hundred and twenty-four engravings. Philadelphia, Lindsay and Blakiston, 1852: pp. 690.
2. *Review of Materia Medica for the use of Students.* By JOHN B. BIDDLE, M. D., formerly Professor of Materia Medica in the Franklin Medical College of Philadelphia; Physician to the Pennsylvania Institution for the Deaf and Dumb; Fellow of the College of Physicians of Philadelphia; Member of the Medical Society of Hamburg. With illustrations. Philadelphia, Lindsay and Blakiston, 1852: pp. 322.
3. *An Analytical Compendium of the various branches of Medical Science, for the Use and Examination of Students.* By JOHN NEILL, M. D., Surgeon to Wills' Hospital; Demonstrator of Anatomy in the University of Pennsylvania; Lecturer on Anatomy in the Philadelphia Medical Institute; Fellow of the College of Physicians, &c. And FRANCIS GURNEY SMITH, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction; Physician to the St. Joseph's Hospital; Fellow of the College of Physicians, &c. &c. Second edition, revised and improved. Philadelphia, Blanchard and Lea, 1852: pp. 1000.

WE have received from the publishers the three volumes mentioned above. They are handsomely printed, and suitably bound;

and are well calculated to meet the demands of the present system of medical education. They remind us of the definitions learned by the school boy, who, when he has learned them, knows but little more than to say his lesson well. We do not complain of the books, but of the system of teaching which requires them; for a pupil with a good memory could readily run over their pages in a few short months, and be fully able to answer the questions proposed to him in the green-box, and yet be entirely unqualified to practise the healing art; while to a diligent student, one who is disposed to avail himself of all within his reach—one who desires knowledge, rather than a mere license to be considered *wise*—they may be very useful. The authors manifest a commendable research, and have arranged their materials in a form alike convenient and concise. The works are worthy of a place in the library of the physician; serving, as they may, for reference on points which may not be so readily found in larger and less systematic treatises.

We notice a typographical omission in the *Vade-Mecum*, page 202, eighteenth line from the top—it should read *four* “equivalents of sulphate of iron,” the *four* is left out.

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*A Treatise on Diseases of the Chest, being a Course of Lectures delivered at the New York Hospital.* By JOHN A. SWETT, M. D., Physician to the New York Hospital; Member of the New York Pathological Society. D. Appleton and Company, 200 Broadway: 1852.

WE acknowledge the receipt of the volume with the above title, from the author; and, though we have not had an opportunity to read it, we are certain that it is worthy of a careful perusal, from the high professional character of Dr. Swett, and from the varied opportunities which he has enjoyed for research in the particular branch of pathology to which his attention has been turned in arranging the work before us. During most of his life, he has kept a register of important cases of chest disease that have fallen under his notice, and the statements made

in his book are founded upon carefully observed and recorded facts. To the work is added an appendix, containing a translation of Lebert's work on Pathological Physiology, with plates of the structure of tubercle and cancer, taken from microscopic observations. Sixteen lectures are devoted to the consideration of pulmonary diseases, embracing the physical signs, constitutional symptoms, duration, mortality, mode of treatment, &c., of bronchial, laryngeal, and lung diseases, in their several varieties. Fifteen lectures are also given, in which the diseases of the heart, with their signs, symptoms, treatment, &c., in connection with their medical anatomy and physiology, and the mode of conducting the physical examination of the organ, are described in detail. From the little we have seen of the work, we have no doubt it will prove a valuable aid to the practitioner. Five hundred and eighty-five octavo pages, well filled with the results of many years' close observation and research, in so important a class of diseases as that considered by the author, cannot fail to be well worthy of the notice and study of the practising physician.

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## EDITORIAL.

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### THE NEW JERSEY MEDICAL SOCIETY ; ITS LATE MEETING, TRANSACTIONS, SPIRIT, AND PROSPECTS.

THE late meeting, held for the first time at the Capitol of the State, was the *eighty-sixth* annual convocation of the physicians of New Jersey in the capacity of a State Society. Its transactions are appended to the present issue of the *Reporter*. They are full, interesting, and thoroughly indicative of the spirit of advancement which marks the history of our venerable corporation. It was a large meeting, about seventy physicians, we think, being present. Its proceedings were characterized by a

high-toned integrity, and solid adherence to the ancient and honored landmarks of the profession; and though an attempt was made from abroad, to bring down our standard to the recognition of a little school in a neighboring city, where the degree of the doctorate is conferred upon candidates with as little apparent care for the public weal, or their own reputation, as we see displayed by the reckless charlatan in his practice; and in less time than it requires for a school-boy to master the arithmetic; it was, by an overwhelming vote, announced to be unsuccessful. The position maintained by the Society was declared to be as follows: It recognizes officially no school or college of medicine, wherever situated, or by whomsoever conducted. It does not admit the right of medical institutions anywhere to send physicians to practice physic and surgery in New Jersey without its sanction; and though the Legislature has designated certain institutions in the bill of 1851, and gives to the Society the right to select others, the students of which may practice medicine without an examination by New Jersey censors, the Society will not exercise the choice of selection; but, while it quietly submits to the voice of the Legislature, it maintains what ground is left, unwilling to yield more than may be required by obedience to superior authority.

The unity of feeling, of purpose, and interest, manifest in the membership, promises for the future much success in the improvement of medical knowledge and literature among us; and we cannot but hope that our future meetings will be even more full and profitable than was the last. We would respectfully suggest to the consideration of the brethren, whether at least *two* days ought not to be devoted to the business of the Society; and whether it would not add to its usefulness among the people to hold an evening meeting in the interval between its business sessions, to which members of the Legislature, and the people generally, should be invited to hear the annual address of the President, and such other matters, in the way of reports, &c., that might be made interesting to the public mind.



## PREPARATORY MEDICAL SCHOOLS.

It may be recollected that, at one of the meetings of the American Medical Association, a resolution was adopted recommending the establishment of private institutions for the instruction of medical students in the interval between the winter terms of the colleges. Two such have already been established in the Southern States, one at Knoxville, Tenn., and one at Charleston, S. C. We have before us a circular issued by the faculty of the latter, in which they announce their intention to teach the "elements of medical education, in conjunction with a practical knowledge of the profession." It has occurred to us that New Jersey affords facilities for the establishment of such schools unsurpassed by any other location. The students who crowd the cities of New York and Philadelphia for medical instruction, ought to be supplied with opportunities for prosecuting their studies during the summer months in some of the rural districts within our limits, where they could have access to the hospitals of the cities almost as readily as they would have by remaining in town, and yet have thorough teaching in the various branches of medicine, with advantages for clinical observations under the direction of competent teachers, resident in pleasant locations beyond the din and burning heat of crowded cities. This recommendation offers to the physicians of our State residing near the cities, opportunities for medical enterprise which it would be well for them to consider and cultivate.

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EDITOR'S TABLE.

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THROUGH this medium, the editor holds converse with his brethren of the press and of the profession in all parts of the country; and one of the burdens, not by any means the least

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onerous that rest upon his shoulders, is to observe that etiquette towards the legion of editors, authors, pamphleteers, and publishers, whose productions crowd his table. But, while we recognize this as an onerous burden, it is so only in so far as it respects a proper discharge of our duty to *all*. For, while to us it is a real pleasure to read these various productions of authors, editors, and miscellaneous writers, our limited space will not permit us to give them all, that attention they justly merit. And here we must say that we feel the need of more room—the place is too strait for us; and the constant and increasing demand upon our columns in all the departments—original, bibliographical, and eclectic—reminds us that we must enlarge our borders. Will our friends look to this? *It must be done!*

In looking over our table, we see much material, but yet some things are wanting. For instance, the many communications promised some months since, and with which we almost *feared* we would be overwhelmed, have most of them yet to come. However, we do not despair—*Nil desperandum* always was our motto.

Our exchanges occupy the most prominent place, perhaps, on our table. To them we would say that, had we room, we would gladly, as do some of our contemporaries, devote a page or two in each number to the acknowledgment of them in detail; but this we can do but occasionally, and shall endeavor to make ample amends by copying from them articles for our eclectic department. This we consider the highest compliment we can pay them.

Books, for review and notice, have, of late, taken up a good portion of our table-room. To authors and publishers, we would say that while our narrow limits forbid elaborate reviews as a general thing, we shall always endeavor, in our bibliographical department, to devote as much space as we can spare, to honest and impartial notices of such works as are sent to us; and we would respectfully solicit from correspondents such brief critical notices of new publications as in their judgment they may merit.

Monographs, announcements, catalogues, &c., occupy their proportion of our table. To these we shall give such attention

as we think they deserve; and while we shall endeavor not to slight them altogether, we cannot make our journal a vehicle for editorial advertisements for rival schools, modes of performing operations, methods of treating disease, &c. Among these miscellaneous publications, there is a class which invariably interest us. These are lunatic hospital reports. Lunatic and other benevolent asylums and institutions are a characteristic feature of our age, and there is among them all hardly a charity more worthy of the support of the benevolent and philanthropic, than such as are devoted to ameliorating the condition of those whom an all-wise Providence has seen fit to deprive of that greatest of earthly blessings—reason.

There are now before us the *Fifth Annual Report of the Officers of the N. J. State Lunatic Asylum, at Trenton, for the year 1851*; and the *Report of the Board of Visitors of the Boston Lunatic Hospital, containing a Statement of the Condition of that Institution, and transmitting the Annual Report of the Superintendent for 1851*.

The first has been in operation five years. During the last year, fifty men and fifty-two women were admitted, and during the year the whole number under treatment was 264. There were discharged recovered, 37; improved, 39; stationary, 8; escaped, 1; died, 8; total, 93. Remaining, January 1st, 1852, 171, being nine more than the previous year.

The Boston Lunatic Hospital has been in operation for twelve years. Most of the inmates are from among the wretched emigrants that are annually cast upon our shores, the large majority being from Ireland. During the year ending Dec. 1st, 1851, there were admitted—males, 46; females, 46. Resident during the year—males, 127; females, 169; total, 296. There were discharged during the year as follows: Recovered, 27; improved, 4; not improved, 1; eloped, 1; died 22; total, 55. There are other facts of interest in connection with both these asylums which we would be glad to notice, but cannot for want of room.

The following have also been received:—

*Logic, in its Relations to Medical Science*: an Address delivered before the Starling Medical College, at its third annaul

Commencement, by Edward Thompson, M. D., D. D., Pres. of the Ohio Wesleyan University. Published by order of the Faculty.

*A Table of all the known Operations of Ovariectomy, from 1701 to 1851, &c. &c.* By Washington L. Atlee, M. D., Prof. of Medical Chemistry in the Medical Department of the Pennsylvania College, Phila.—We shall endeavor to notice this more in detail hereafter. \*

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## ECLECTIC AND SUMMARY DEPARTMENT.

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*Trismus Nascentium—its history, etiology, and prophylaxis.*—This is the title of a long and interesting article by JNO. M. WATSON, M. D., of Tennessee, published in the *Nashville Journal of Medicine and Surgery*, for the months of June and August last. We would gladly give the article in detail, containing as it does, in our opinion, very rational views on the subject in question, but for want of space we must be content with giving as faithful a summary of it as possible.

It is true that with us, this disease is of rare occurrence; but it is also true that when it does occur, 'the books,' often in difficult cases the only resort—especially of the inexperienced country practitioner—give little or no satisfaction on the subject. In fact, the disease is an established opprobrium medicorum; and too often are the fond hopes and anticipations of the doating mother dashed by this terrible and uncontrollable malady, before her own exhausted strength is sufficiently restored to enable her to bear up well under her bereavement.

It will be recollected that Dr. Watson is a resident of a slave state, and that most of his obstetric practice is probably in colored families; and in this country the disease occurs more frequently—though by no means altogether—among that class, consequent, as is shown by Dr. W., on their uncleanly habits, and the careless manner in which their infant offspring are attended to.

In commenting on the history of the disease, Dr. W. reviews the opinion of medical writers on the subject, alluding to the uncertainty of opinions expressed by them, their disagreement amounting to such a degree as greatly to impair our confidence in their writings.

It is but justice to the late Dr. Colles, of Dublin, to say that he long ago not only advanced views of the etiology of trismus nascentium very similar to those held by Dr. Watson, but "very nearly confirmed them by his dissections and observations." Dr. W. next criticises, pretty severely, the hypothesis of Dr. J. Marion Sims of Montgomery, Ala., who, in the *Am. Journ. of Med. Sciences* for April, 1846, and July and Oct. 1848, advanced the idea that the disease is one "of centric origin, depending on a mechani-

cal pressure exerted on the medulla oblongata and its nerves; that this pressure is the result, most generally, of an inward displacement of the occipital bone, often very perceptible," though frequently very slight: that this displaced condition of the bones, though one of the fixed physiological laws of the parturient state, becomes a pathological condition if persisted in for any length of time after birth; and that it is relieved "simply by rectifying the abnormal displacement, and thereby removing the pressure from the base of the brain." One mode of accomplishing this is by placing the infant on its side instead of its back, thereby avoiding pressure on the occiput.

This hypothesis of Dr. Sims is regarded by Dr. Watson as chimerical in the extreme.

With regard to the name of the disease, Dr. WATSON says:—

"It is a great misfortune that the term trismus nascentium was ever adopted; tetanus nascentium would have been a better, though a less euphonious one. There was no greater necessity for changing the name of this disease in the case of infants than there is to change that of pneumonia, dysentery, or colic, when they attack children. We had just as well term tetanus, trismus adulatorum, trismus virium, or trismus feminarium, as to call it trismus nascentium. In the employment of these terms, that of tetanus would be kept too much in the back ground, as it really has been, by the use of the term trismus nascentium."

We now proceed to give Dr. Watson's view of the *etiology* of the disease.

"*The exciting cause of Tetanus Nascentium.*—A traumatico-tetanic condition of the umbilicus is, with very few exceptions, the constant exciting cause of this disease. This part of my subject I shall now discuss at great length as it is paramount in importance to all others, in a practical point of view. The analogy between traumatic tetanus, as it occurs in the adult and infant, is both striking and instructive, and well deserves our most particular consideration. In the adult, this disease generally comes on about the 8th or 9th day after the reception of a wound, and in the infant, it attacks so frequently on the 9th day after the cutting of the umbilicus, that it has been termed 'nine-day fits.' That portion of the cord which, after its division, is left in connection with the navel, is as liable to degenerate into an exciting cause of tetanus in the infant, as is a common wound in the adult. The beautiful physiological process of desiccation, contraction and separation of the cord so seldom occurs, that it has been disregarded by many eminent writers."

\* \* \* \* \*

"The infrequency of the healthy normal separation of the funis has not only been greatly overlooked by writers, but shows likewise how very liable infants are to irritation, inflammation and sloughing of that portion of it which is left at birth attached to the abdomen. This degeneration of a healthy vital action into a morbid, abnormal one, is easily induced by a great variety of causes, to all of which some children are more exposed than others, and among such tetanus is of far more frequent occurrence. These common causes among the blacks are bad dressings of the umbilicus, improper handling of the infant, wet and soiled dressings, which become alternately wet and dry for several days; to which may be added unsuitable applications to the navel itself after the detachment of the cord, that are more calculated to irritate and inflame the part, and in that way to provoke lock-jaw, than to soothe, heal and prevent its supervention."

\* \* \* \* \*

"That the exciting cause of this disease may be plainly seen and *practically* regarded, I will now set in order a number of facts, both in their proper relation to each other and their general bearing on its controverted points. From these, surely, a safe and useful conclusion may be easily deduced. By an arrangement of even dim lights in a proper manner, we

may discern an object which could not otherwise be seen by them; so in the present instance, by a proper collation of facts we may obtain a more correct view of the exciting cause of tetanus nascentium.

"The infant is no sooner born than it becomes a *traumatias*; a trauma must of necessity be inflicted on its umbilical cord; a wound on a part which is, as has already been shown in the first part of this treatise, so very prone to pass into a pathological condition, and thereby excite irritation and inflammation of the umbilicus, that many eminent writers have overlooked its physiological exceptions. With the brute mammalia, this artificial division of the cord is unnecessary, as theirs break according to an appropriate physical state; then dry, contract and fall off without even producing inflammation of their navels." \* \* \* \* "The infantile umbilical cord is too strong to be thus safely broken, and too full of the gelatine of Wharton to dry, contract, and fall off in the equinal way; it, therefore, requires some *rational* management. Really, it seems to have been designed by the Great Giver of mind, that the infant should not only receive instinctive, but likewise rational protection, at our hands. So, when their navel-strings are managed in a rational way, they will not induce irritation nor inflammation of the umbilicus."

The following observations will serve to set Dr. W.'s views in a strong light.

"I will now relate what must accord with the observations of most physicians who have done much practice among negroes. When called to see their children we find their clothes wet around their hips, and often up to their arm pits, with urine; smoking and kicking, the child is thus presented to us; when on examination we find the umbilical dressings not only wet with urine, but soiled likewise with feces, freely giving off an offensive urinous and fecal odor, combined at times with a gangrenous fœtor, arising from the decomposition—not desiccation—of the cord: may I not say, that a vital, physiological drying and separation of the funis under such circumstances is impossible; hence the frequent pathological condition of the umbilicus in such cases, and I will add, the frequent occurrence of lockjaw also among them. Moreover, these navel dressings are not only thus acted on by the child's urine and feces, but they also become impregnated with a filthy, irritating moisture, constantly exuding from the sphacelated cord; there comes likewise an occasional intervening dry, rough state of these foul deathful appliances, during which they rub, irritate and excoriate a surface already excited by those foul agencies just mentioned. Nor is this all. Negro children are often improperly fed, and suffer from colic, and abdominal distention, causing them to fret, cry and kick, thereby producing abdominal movements well calculated to bring its navel dressings in rough contact with their navels. Their mothers never think of changing these hurtful dressings; either from a want of changes, or a disinclination to do so, they let them remain on—bandage and all—until the funis *sloughs*; after this, the applications are almost as hurtful as those previously employed—such as soot, dry dirt out of the back of the chimney, scorched cotton, a greasy cloth folded up into a hard compress, and a bandage drawn around these with unmerciful tightness. That there are many exceptions to this deplorable state of things, I readily admit; so I might add, there are many exceptions to attacks of tetanus; more indeed of the latter than the former, for every child that has a sore navel does not consequently have trismus."

Dr. W. next brings forward evidence from different sources in support of the above views; several physicians giving testimony from their own observations in their favor.

Dr. W. thus meets the following very specious objections to a proper view of the subject.



"1. That the navel may be badly inflamed, and yet not cause tetanus.

"2. That cases of trismus have occurred when there was no inflammation of the umbilicus.

"But for these considerations many would doubtless have entertained a much greater dread of a morbid state of the umbilicus, and would oftner have employed tetano-prophylactic measures in such cases. Indeed, with no little astonishment have I heard well informed physicians say, they did not believe that inflammation of the navel is the exciting cause of trismus, merely because they had seen very badly inflamed ones, without the occurrence of lockjaw; or, that they had seen cases where the umbilicus had healed over.—Verily, my surprise would be only equalled by the assertion, they did not believe that a wound was the exciting cause of tetanus in the adult, because they had seen very bad ones fail to produce it, or had seen cases occur after the healing over of wounds. Almost every practitioner knows, from personal observation, that an adult may receive a deep, dangerous and painful wound without incurring lockjaw as a consequence; also, that a wound may cause the disease after having healed over. Then, may not severe inflammation, or extensive ulceration of a child's navel, run its course without causing trismus? and may not the part heal over and yet, by an occult pathological condition, excite the disease?"

Not having anything to offer on the treatment of this incurable pathos, Dr. Watson's chief aim is, "to recommend a reliable prophylaxis by which a disease that cannot be cured, *may be prevented.*"

"*Prophylaxis.*—Means derive far greater consequence from their salutary effects in particular instances, than we could otherwise attach to them. While we almost despise the enema commune, yet we glory in its effects, when by it, a dangerous and alarming obstruction of the bowels has been relieved. How lightly do we also regard the mere titillation of the throat with a feather until by its employment we cause the stomach to expel from its depths a poison which, in a few minutes, would have destroyed the patient. Then we respect the means and rejoice in the effects. The lancet cut is but a small thing in itself, and yet we exult greatly in its triumphs over some of our most acute diseases. Then it is to the effects of the prophylactic measures, that I will direct the attention of the reader as well as the means themselves.

"Physicians have generally given up the dressing and management of the funis too much into the hands of unskilful nurses, least by a careful attention to such small things, they might compromise their fancied dignity. But every one who is properly impressed with a dread of tetanus from bad management of this part, will rather try to maintain his professional character and dignity by preventing a disease which he knows he cannot cure, however trifling the means may seem in the estimation of the ignorant, inexperienced, or prejudiced.

"The umbilical cord should be divided as usual about two inches from the abdomen, and well tied with a suitable ligature before its division. After the child has been washed by the nurse, another ligature should be applied lest the first one should become too slack from the contraction of the cord. A hole of a proper size should then be made through a piece of soft old domestic or linen, four inches wide and six long, through which the funis should be passed, and afterwards carefully wrapped with another soft piece of cloth two inches wide and three or four long. The cord should then be turned up towards the child's breast, and the cloth which was first applied should then be folded in on it from above and below, and from side to side. A soft flannel bandage should then be carefully put around the abdomen and pinned with moderate tightness. After this, should the navel-dressings become wet with urine or soiled with feces, they should be carefully removed and dry ones employed. This should always be done

by an experienced and careful nurse, lest the cord be prematurely detached. On a careful examination, should there be any signs of irritation, inflammation, or ulceration of the navel, the piece of cloth through which the wrapped funis passes, should be removed, by cutting with a pair of scissors from without into the opening in the middle; this being done, it may be removed without hurtfully disturbing the cord. After this has been done, it will be necessary to apply a little lard or simple cerate around the umbilicus, and apply another piece of cloth like the one just removed, unless the inflammation be very considerable; in that case, the part should be gently washed with warm milk and water, and a soft emollient poultice applied over the wrapped cord and surrounding surface to the extent of two or three inches. The application, removal, and renewal, of this poultice will require great care."

\* \* \* \* \*

"Soft, emollient poultices, certainly afford even an adult suffering from a wound, greater protection than any other means. Who ever saw a patient attacked with traumatic tetanus, who had had all the prophylactic benefits of good poultices, a well regulated temperature of his room, and appropriate internal remedies? The soothing action of the poultice seems indeed to prevent a wound from passing into that condition which excites lockjaw. The terminal extremities of wounded nerves, or those that have been exposed by ulceration, or irritated by inflammation, are protected by a poultice against that tetano-pathological condition into which they pass sometimes, when not thus guarded, with great facility.

But, alas! because the inflammation of the navel is trifling, or ulcer on it small, the physician does not consider either worthy of his attention, when, really, the very elements of death are more actively at work than in many other cases which so readily engage his closest attention and greatest skill. It is probable that a greater amount of human life might be saved by these simple preventives, than most physicians or nurses are aware of; and it is always far more difficult to procure the employment of such prophylactics, than those uncertain remedies which are so zealously administered sometimes for the relief of an incurable malady."

\* \* \* \* \*

"The writer of this treatise, while faithfully discharging his duty to infants in the employment of these prophylactic measures, has often experienced the jeers and taunts of nurses on such occasions. Every practitioner should, however, perform his duty to his little patient, be it white or black, in protecting it against an attack of a disease which he may prevent but cannot cure, and thereby impress nurses, parents, and even communities, with the great utility of such a course. In that way, our prophylactics may be raised above the contempt of the ignorant or those too wise to learn."

S. W. B.

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In the *Reporter* for December last, (p. 100), we copied an article by George W. Garland, M. D. on the external use of Iodine. The following remarks on the same subject are from the pen of our highly esteemed correspondent, Dr. Ariel Hunton, of Hyde Park, Vt.

*External Use of Iodine:* By ARIEL HUNTON M. D.—In addition to what Dr. Garland has written on the external use of Iodine, commencing on the 46th page of the October number, I would state that in my hands it has proved a sovereign remedy in that painful disease, neuralgia. I have used this article externally, with extract of stramonium internally, in those affections, with satisfactory results, for several years. It will completely arrest the disease in a very short time; at least, I have succeeded in nearly every case for the last ten years. It is not within my knowledge that this recipe was thus used previous to my applying it in the manner hereafter

directed. Dr. Garland, if I understand him, directs the previous application of a stimulant, to insure absorption; here is the stimulant I use:

R— Iodini,  
 Camph.,  
 Capsici,      ʒi gr. x.  
 Alcohol,      fʒij.      M.

This is all the stimulant I have ever used, and feel assured no other is needed; wet the part affected about three times, or until a warmth is perceived; this will relieve almost any nervous pain. At the time of applying the iodine to the skin, give a pill of extract of stramonium, about half the size of a plump kernel of wheat. If it is pure, this quantity is sufficient. I prepare what I use, in order to insure a pure article, and design to affect the pupil; if it does not, increase the quantity. The paroxysms usually make their appearance periodically. I usually direct my patients to take a pill of the extract one-half hour previous to the expected attack, and wet the part once with the wash, as soon as this creeping, painful sensation is perceived, until the heat is perceptible.

If evacuations are indicated, (which is frequently the case,) have recourse to them. With this treatment I have relieved many so promptly that there was no paroxysm subsequent to the first application. It will be perceived I have an exalted opinion of this prescription. This day I have had a call to a case of this kind, ten miles from my residence, and relieved the patient promptly.

I have published the substance of this letter in the Northern Lancet. Not seeing the Lancet among your exchanges, I was induced to send this for insertion in the Journal, if you so determine.—*N. H. Journ. of Med.*

*Medical Missionary Service.*—The following gentlemen are under the patronage of the American Board of Commissioners for Foreign Missions. Newton Adams, M. D., located at Umlari, Africa; Henry A. Ford, M. D., at Baraka, Africa; C. V. A. Van Dyck, M. D., Hasbeiya, Syria; Henry A. De Forest, M. D., Beyroot, Syria; John Scudder, M. D., Madras; Charles S. Shelton, M. D., Madeira; Samuel P. Green, M. D., Menepy, Ceylon; Dyer Ball, M. D., Canton China; Charles H. Wetmore, M. D., Hilo, Sandwich Islands; Dwight Baldwin, M. D., Lahaina; Seth L. Anderson, M. D., Kanal; James W. Smith, M. D., Kola; Elizur Butler, M. D., Cherokee Indians; Thomas W. Williamson, M. D., Kaposia and Dakota Mission. These are all well educated, excellent practitioners, who are devoting their lives to a cause of the highest interest to the Christian and the philanthropist.—*Boston Med. and Surg. Journal.*

*Radical Cure of Reducible Hernia.*—An interesting correspondence has appeared in the papers of Boston between the committee on hernia of the American Medical Association and Dr. George Heaton, of this city, which discloses that gentleman's intention of publishing a volume. For several years past Dr. Heaton has been engaged extensively in the surgical treatment of hernia, and with a degree of success that indicates that there is some improvement at his disposal, superior to the ordinary processes. The application therefore by the committee has very properly been made to him, and we regret that his answer to the question, how a radical cure is brought about, will not be contained in their report. Dr. Heaton, on reflection, concludes to answer the respectful inquiry through a work distinctly appropriated to the subject, illustrated by a large collection of cases. When published, a more particular notice of it, and of his mode of operating, will be given.—*Boston Med. and Surg. Journal.*

*A New Method of preparing Powders for Use in Medicine.*—Wittke, of Erfurt, recommends a new and very useful form of powder. Tinctures, as is well known, generally possess the most active properties of the drugs from which they are prepared, but the amount of spirit they contain often renders their employment inadvisable. Wittke, therefore, mixes tincture of hellebore, of cinchona, &c., with an equal quantity of sugar, evaporates to dryness, and powders the residuum. In this manner, he succeeds in concentrating, in a very small bulk, the active portion of a very large quantity of the drug, and he prescribes the powder as saccharized cinchona, &c. These preparations bear some analogy to conserves, over which, however, they have a great advantage, in being free from mucilage, vegetable albumen, and other inert matters.—*Vierteljahrsschrift für die praktische Heilkunde*, 1851. Band, 3 *Analekten*, S. 14.

*Sanitary Reports. Essex County.*—We do not despair of seeing the day when these reports in this country, as in England, will take some reliable shape, and be of material aid to the physician and philanthropist in his efforts at sanitary reform.

The *Reporter* for December contained a valuable statistical article, from the pen of Dr. James Paul, of Trenton; and we consider the following, which we cut from the *Newark Daily Advertiser*, of sufficient professional interest to warrant its preservation in the columns of a journal devoted to medical science. The reports have reference to the year 1851. \*

"I send you tabular statements of the births, marriages, and deaths in Essex County, taken from reports in the office of the Secretary of State. They are evidently imperfect, as may be seen from the small number reported as dying from some diseases which we know to be peculiarly fatal and prevalent; intemperance, for example, is not noticed. Some townships, also, are more fully reported than others, so that an unfair estimate of their comparative mortality is presented. This is to be regretted, as full and accurate reports would be of great value to life insurance companies, and enable all to guard against those diseases most prevalent in particular localities.

#### BIRTHS AND DEATHS IN ESSEX COUNTY, FOR 1851.

BIRTHS.							
	Sex.		Total.		Sex.		Total.
	M.	F.			M.	F.	
Caldwell,	27	25	52	Clinton,	49	29	78
Livingston,	14	15	29	Westfield,	4	1	31
Bloomfield,	59	52	111	N. Providence,	13	18	31
Orange,	44	41	130	Union,	15	15	30
Newark,	717	579	1366	Rahway,	47	54	101
Elizabethtown,	77	69	210	Belleville,	40	25	65
Springfield,	36	33	69	Plainfield,	48	42	90
							2393

The occupations of the fathers were as follows: farmers 145, manufacturers 40, mechanics 603, laborers 197, merchants 65, professional 39, not reported 1301. Sexes of births not given, 205.

## DEATHS.

	TOWNSHIPS.													
	Caldwell.	Bloomfield.	Orange.	Newark.	Elizabethtown.	Springfield.	Clinton.	Westfield.	N. Providence.	Union.	Rahway.	Belleville.	Plainfield.	
Consumption,	11	6	12	77	23	7	1	1	10	4	15	4	7	178
Dysentery,	0	1	9	32	4	1	0	0	0	1	8	0	1	57
Casualty,	0	1	4	15	2	0	0	0	3	0	0	0	1	26
Typhus fever,	0	1	1	5	0	0	0	0	1	0	0	1	1	10
Bilious fever,	1	0	0	0	2	4	0	0	0	0	0	0	0	7
Scarlet fever,	1	2	4	15	21	0	0	0	0	0	0	4	0	47
Small pox,	0	1	0	0	0	1	0	1	0	0	0	1	1	5
Inflam. of lungs,	2	1	2	33	3	1	0	0	0	0	1	0	0	43
Do. of bowels,	1	1	1	24	0	0	0	0	0	0	2	0	0	29
Do. of brain,	2	0	0	16	0	1	0	0	1	0	0	0	0	20
Childbed,	0	1	3	9	1	0	0	0	0	0	1	0	0	15
Cholera infantum,	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Hooping-cough,	0	0	0	1	2	0	0	0	0	0	1	0	0	4
Croup,	3	4	0	12	8	1	0	0	1	0	1	5	0	35
Erysipelas,	1	0	2	4	1	0	0	0	0	0	1	0	1	10
Liver complaint,	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Old age,	7	1	1	5	8	2	3	0	4	0	2	1	0	34
Convulsions,	0	0	3	36	1	0	0	0	0	0	4	0	1	45
Dropsy,	1	4	6	21	9	1	1	0	0	1	3	0	0	47
Paralysis,	1	0	3	1	1	1	0	0	1	0	0	0	3	11
Apoplexy,	0	0	1	87	0	3	0	0	1	0	2	1	0	15
Putrid sore throat,	0	0	0	0	0	0	0	0	0	0	2	0	0	2
All others,	9	6	16	112	26	5	6	0	3	2	6	4	1	196
Not reported,	7	7	11	28	22	8	0	19	0	0	5	12	2	121
Total,	47	37	79	455	135	36	11	21	25	8	54	36	21	965

Livingston not reported.

## AGES.

	Under 5.	5-10.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70-80.	80-90.	90-100.	Not reported.	Total.
Caldwell . . . .	11	2	1	6	2	4	4	6	7	4	...	...	47
Bloomfield . . . .	19	2	2	4	...	2	2	3	1	1	...	...	37
Orange . . . . .	34	5	7	9	3	9	3	4	4	...	...	...	79
Newark . . . . .	286	35	25	29	33	31	28	13	3	3	...	...	455
Elizabethtown . . . .	67	8	4	10	10	6	7	3	9	9	1	2	136
Springfield . . . . .	7	2	3	2	3	6	4	5	1	2	1	...	36
Clinton . . . . .	3	...	...	...	2	...	...	...	4	2	...	...	11
Westfield . . . . .	7	...	...	...	2	1	3	3	3	2	...	...	21
N. Providence . . . .	6	1	2	1	3	4	2	...	1	2	1	2	25
Union . . . . .	2	...	...	2	...	...	...	2	2	...	...	...	8
Rahway . . . . .	25	...	...	2	5	4	5	3	3	3	2	2	54
Belleville . . . . .	21	3	1	2	1	1	3	...	2	...	...	2	36
Plainfield . . . . .	6	1	1	3	1	1	2	1	3	1	...	...	21

Livingston not reported.

The marriages reported are as follows: Caldwell 18, Livingston 4, Bloomfield 17, Orange 31, Newark 157, Elizabethtown 82, Springfield 12, Clinton 8, Westfield 14, N. Providence 1, Union 11; total 355.

The number of deaths reported from the whole State is 4235, of which consumption has caused 712, dysentery 344, casualty 135, typhus fever 45, bilious fever 39, scarlet fever 145, small pox 22, inflammation of the lungs 82, inflammation of the bowels 60, inflammation of the brain 68, child-birth 40, cholera infantum 24, whooping-cough 57, croup 99, erysipelas 38, liver complaint 11, old age 179, convulsions 131, dropsy 163, paralysis 67, bronchitis 5, apoplexy 42, putrid sore throat 23, all others 879, not reported.

The whole number of births reported is 11,861; more than double the number of deaths. Of these, 5926 were males, 5606 females, and 329 no sex reported. The whole number of marriages is 2857.

We copy the following spicy notice of a late publication on Homœopathy from the "*Independent*," a religious periodical published in New York. It is from the pen of Henry Ward Beecher, well known as a popular preacher and writer; and in these days of clerical degeneracy from scientific medicine, it is refreshing to find one of the order, who possesses unusual abilities, taking off the veil from this absurd system of imposture, and declaring his creed to be faith in the medical adviser of his own selection, whose business it is to select the medicine which he shall take, without consulting his own notions or inclinations.

But we must give the article, and can promise to our readers a hearty laugh over it:—

*Homœopathic Domestic Physician.* By J. H. PULTE, M. D.—Occasionally the *Star* correspondent of the *Independent* receives a book with a request that he will notice it, which he always does—though he sometimes forgets to write that notice out for the public.

But this excellent manual comes to us from our friend Barnes with a note, saying, that the request to notice proceeded upon the understanding that we were good Homœopathists. This is the first knowledge that we ever had of our belief. Indeed, we find it a little difficult to state our medical creed; a difficulty, we believe, experienced about these days by not a few in regard to graver creeds.

If one listens by turns to the asseverations of the schools, the Botanical, the Eclectic, the Hydropathic (we confess to a small hobby there), the Homœopathic, the Magnetic, and the Allopathic, and believes in their infallible skill and power, he will be grateful that sickness is coming to be entirely unnecessary. With such specifics for everything, with such bulwarks of health served by men that never miss in a fair match with disease, sickness must soon be regarded as a great weakness, and death almost a felony. Indeed, a friend even now has a lecture, for which he asks us to secure him an audience, entitled, "Disease is Sin." Of course, death is overt transgression. But to return.

We have steadfastly adhered to the old school; probably from our naturally conservative bias. New-fangled notions we always have had our own opinion of. We have stuck, therefore, to the good old paths of medicine, and refused to remove a landmark—blister, lancet, pill, bolus, lotion, potion, all are yet objects of respectful reverence. We have grave moral doubts as to this insidious, mysterious, tasteless Homœopathy. It seems not unlikely to be a part of a general tendency to effeminacy which is creeping in with wealth and refinement. There is a strong aroma of indolence about it. It



requires no exertion, no self-denial. Taking medicine, once a manly and heroic achievement, has become a mere sugar-plum affair.

Once doctors sat down around a sick man like a fleet of ships about Gibraltar. They bombarded a disease, front and rear, with balls and boluses; they pierced it, or scarified it, or hung upon its course with cataplasm and blister at such a rate, that any man with half an eye could see that one or the other must give out speedily—the disease or the patient! But now our Homœopathic Chesterfield regards a disease as a good-natured intruder, that can be winked and bowed and smiled out. Diseases are mere callers, ready to stop at the door and leave their card, or sit five minutes and be off;—a very different set from the old surly, obstinate tenants, who held our bones and organs upon indefinite leases. A sniff, a pellet which it requires an eye of faith to see, a mere medical hint as it were, is enough to do what ounces, pounds and quarts could scarcely effect. This is jugglery, we fear, or worse. No man, on recovery, can look back, with an applauding conscience upon his own sincere endeavors as once he could. To sit up in bed, when from hair to heels you are but one prolonged nausea; with swimming eye to detersy your nurse approaching with lukewarm senna; to calculate with stomach-heaving arithmetic how many gulps will be required; and then with every resource of your being at burning martyr-point, to thrust the unutterable abomination down, and with even fiercer fight to *keep it down*—who, as he fell back on his newly beaten-up pillow, has not felt that no disease with one particle of self respect would long stand in company with such hideous medicine? One is proud of his Anglo-Saxon capacity; of his sacrifices and sufferings for health; and when health returns he feels that he has *earned* it, and paid, by pain and potion, every farthing which the violated laws of health exacted. To get well was evidence that a man was made of the sternest stuff.

But, pah! We are ashamed to think how these effeminate doctors, who carry a whole apothecary shop in a pocket-book no bigger than your hand, walk in, put three drops of something into two half tumblers of water, giving you a teaspoonful, utterly tasteless, hour by hour; or put upon your tongue three or four white specks of milk sugar, and that he calls medicine! Our Anglo-Saxon forefathers would have scorned to get well upon such a dainty practice, and would die like men upon substantial medicine rather than sneak back to life upon such effeminacy.

To be sure, almost every relative that we have, paternal, fraternal, seroral, but *not* uxorial, has yielded to the insidious temptation and gone into these bye and forbidden paths. We feel like *Abdiel*, faithful found among the faithless; and we do not mean soon to desert the friends that have stood by us in so many chills and fevers, so many bilious fevers, and measles, and chicken-pox, and influenzas, &c. &c.

We are daily exhorted to apostacy. Example and encyclopedias of advice are lavished upon our obduracy. Our friends are against us; our parishioners, not a few, are against us. Books have been sent us. Oh, the cures that have been recounted! We are duly impressed, from time to time, with the fact that our departed neighbor would have been alive now, if he had taken his friend's advice and sent for Homœopathy; this child had gone down in the car of Allopathy to death's door, but changing drivers the chariot of Homœopathy brought him back in a jiffy. This friend had a sick headache, took three pills of pulsatilla, and before she could get the bottle corked up again she was entirely cured. We are assured that croup is now nothing, if you only have the right medicine by you. Measles are right down good fun, and teething and convulsions medical diversions. Scarlet fever, that bloody horror of the nursery, the moment he sees Dr. Hahnemann, "comes right down." Indeed, the old red dragon is crestfallen, and goes about as different from the scarlet fever of Allopathy as Red Jacket, civilized

into drunkenness and into a ditch, was from the whileom savages who greeted a midnight village with a warwhoop, and found their way into it by the light of its blazing roofs!

If one dies under this practice, we are assured that "all men *must* die when their time comes, in spite of all medicine." And this seems rational. But if it had been Allopathy, they would have taken us by the button, shook their sad heads, sighed, and ejaculated, "strange!" as if no excuse could be given for a man who died in the pale of the old school. It was evidently suicide.

Then, too, there is no harm done, even if there is no good, we are told. Pa and ma are afraid of *strong* medicine! But these darling little dainties, these pills for fairies, you may take any number without danger. Indeed their power is inversely as their number. Three are better than four, two better than three, one better than two, and none at all better than—but we will not say that.

But we have observed how much more medicine is taken by many of our kind friends of this school than by us. To be sure, a stout blue pill is a mountain by the side of their Homœopathic dust. But then we only take such once a year. Now medicine so harmless as those dear little phials contain is a very temptation.

Does the head ache?—a pill. A stitch in the side?—a pill. Heavy eyelids, with recurring symptoms about the same time every night?—a pill. Is the nose stuffed?—catarrh?—*nux vomica*. Does the nose run, like a fugitive slave?—*lachesis*. Is it suddenly arrested and shut up?—*aconite*. Is one troubled in the face? Deliverance abounds. A hard face, without feeling?—a little quicksilver. Redness in the face, agitation and disposition to crawl?—*belladonna*. And so on. Life, with some nervous people, becomes an interesting game. Their body is like a forest, pains are the wild beasts, and pellets the means of hunting them, and the patient lies in watch for a pain with as much zeal as a hunter among the reeds for the descent of a flock of ducks. He and she have got something that will do the business for them.

In good earnest, we regard medicines with little favor. Our first receipt for sickness is not to get sick; our second reliance is upon a well-bred, sensible doctor. *We* select the doctor; it is *his* business to select the medicine, and we do not care a pin what it is. To all who ask us, therefore, what school we believe in, we reply: we are firmly persuaded of Dr. Mitchell! This is the sum of our present creed.

By-the-bye, since reviewing this book we have had occasion to read it, and we really think, hating some pugnacity and an apparent conviction that, of all diseases, Allopathy is the worst that ever afflicted the world, it is an excellent manual. Those who believe in Homœopathy, who wish to try it upon themselves and save the expense of a doctor, will find here a means of detecting more pains and symptoms in themselves in one day, than they ever dreamed of before in their whole lifetime.

Dr. Pulte is a German physician practising in Cincinnati, whom we formerly well knew, practising in the families of our own relatives, and we should regard his manual as safe and judicious as any other that we know.

*Practical Rules on the Suppression of Arterial Hemorrhage.* By PROFESSOR SYME.—In the first place, you should hold it established, that it is always desirable, if possible, to arrest bleeding from arteries by means applied at the seat of injury. Secondly, you may be assured that bleeding at and below the wrist, and at and below the ankle, is always under the control of pressure, provided it be properly employed—that is, not superficially, but from lint, or some other suitable substance being introduced into the wound, and made to press directly upon the orifice of the vessel. Thirdly, in

wounds of all arteries, accessible between the limits just mentioned, and the heart, the vessels should be exposed at the seat of injury, and tied on both sides of the wound it has sustained. This principle has been so loudly maintained by Mr. Guthrie, that I believe some people have given him the credit of its origin; but it has been long established as a sound principle of practice by surgeons of the highest eminence, both at home and abroad, and more especially by Mr. John Bell, of Edinburgh, in whose *Principles of Surgery* you will find many graphic and impressive lessons of the effects resulting from attention to it, and also from its regard.

One evening I received a message from the Northern Railway, that there was a steamboat waiting at Granton to carry me across the Firth to Burntisland, where a special train would be ready to proceed onwards, but whither, or for what purpose, there was no information. Having travelled a considerable distance, I met several practitioners, of great experience and intelligence, who were suffering much anxiety in regard to a youth, in whose forearm an incision for an abscess had bled profusely. As it was quite away from the radial artery, the ulnar was concluded to be the source of hemorrhage, and had been sought for by dissection upwards towards the elbow, along the course of the muscles, between which it is wont to run, but without success; and, as the patient seemed little able to bear any further loss of blood, it was deemed desirable to have a consultation as to the most efficient measure of relief, even though it might involve ligature of the humeral artery, or removal of the limb. Acting upon the principle above-mentioned, I scratched away the clot at the bleeding point, from which a copious stream instantly issued, but arresting this with my thumb, pressure being at the same time made upon the humeral, I dissected a little through the adjacent texture, and brought into view a large artery, under which a double ligature was passed, and tied on both sides of an aperture distinctly visible in its coats. In less time than I have taken to describe the process, the patient was thus transferred from a state of extreme danger to one of perfect safety. The artery was obviously the ulnar, which had come off higher than usual from the humeral, and pursued an irregular course externally to the fascia of the forearm, thus explaining how it had been wounded by the superficial incision, and how it had escaped the deep dissection.

The fourth rule I have to offer is, that when an aneurism forms after the wound of an artery, the same means should be employed as in the first instance, unless the vessel concerned be of a large size, and admits of having a ligature applied to it, without the intervention of any large branch between the seat of obstruction and the wound. The formerly not uncommon case of aneurism at the bend of the arm, as a consequence of the humeral artery being wounded in venesection, affords a good illustration of the advantages resulting from attention to this rule, since relief was thus afforded much more easily, safely, and securely, than by ligature of the humeral further up the arm.

To illustrate the exception mentioned, I may relate the case of a young man who, in one of the most remote of the Orkney Islands, accidentally thrust the blade of a knife into the middle of his thigh, so as to wound the femoral artery. The blood gushed forth with great violence, but was restrained by a compress, formed of eight half crowns, wrapped in a piece of cloth. The wound healed, and an aneurism soon afterwards appearing, he was sent here to my care. Respect for the general principle, and suspicion from the purring sound, that there was a communication between the artery and vein, suggested considerations which were opposed to ligature of the femoral, but I nevertheless preferred this operation as the ligature could be applied without the intervention of any considerable branch; and I accordingly performed it, with the happiest result.

The following case will show the danger of not strictly limiting excep-

tions to the rule within the limits which have been mentioned. A middle aged woman, in a country town, while walking up a steep and slippery ascent, and carrying a knife, with which she had just killed a pig, fell, and thrust the sharp point of the blade completely through her leg, a little below the knee, entering between the tibia and fibula, and issuing at the lower part of the popliteal space. Blood gushed from both openings, but when she was laid in bed ceased, and did not return. At the end of a fortnight, the wounds having healed, she attempted to walk, and found that a swelling had taken place at the seat of injury, on account of which, by the advice of her medical attendant, she came here to be under my care. On examination, I found a large pulsating tumor in the forepart of the leg, immediately below the knee; and another of equal size in the popliteal cavity.

Feeling unable to determine whether the anterior or posterior tibial, or the popliteal artery itself, was the vessel wounded, and, on the whole, being inclined to think that the one last mentioned was most probably concerned, in which case ligature of the femoral would be the proper course, I adopted this measure. No bad consequences followed the operation, the tumors ceased to pulsate, and favorable expectations were entertained of the result for two or three weeks, when the anterior wound below the knee opened and bled profusely. I dilated it freely, evacuated the cavity of its fluid and coagulated contents, and applied firm pressure between the tibia and fibula, whence the blood was found to issue. Mortification followed, and I performed amputation, without saving the patient's life. There can be no doubt that, in this case, if the true state of matters could have been ascertained, and a ligature applied to the anterior tibial, which was divided just before it passed through the interosseous ligament, both the limb and life of the patient would have been preserved.—*Monthly Journal of Medical Science.*

*Notice.*—The fifth annual meeting of the American Medical Association will be held at Richmond, Va. on Tuesday, May 4, 1852.

All secretaries of societies, and of other bodies entitled to representation in this association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II. of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CAIBORNE GOOCH,

*One of the Secretaries, Park St., Richmond, Va.*

# TRANSACTIONS

OF THE

## NEW JERSEY MEDICAL SOCIETY.

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### MINUTES OF THE 86TH ANNUAL MEETING.

The eighty-sixth Annual Meeting of the Society was held in Temperance Hall, Trenton, January 27, 1852.

The President, Dr. Phillips, called the Society to order.

#### OFFICERS.

<i>President,</i>	J. H. PHILLIPS.
<i>First Vice-President,</i>	O. H. TAYLOR.
<i>Second Vice-President,</i>	W. NICHOLS.
<i>Third Vice-President,</i>	S. LILLY.
<i>Corresponding Secretary,</i>	A. B. DAYTON.
<i>Recording Secretary,</i>	W. PIERSON.
<i>Treasurer,</i>	J. S. ENGLISH.

*Standing Committee.*—J. PAUL, J. B. MUNN, A. COLES.

Certificates of Delegation were read and accepted from the following Districts, viz:—

*Essex.*—A. Coles, C. Eyrich, Ward, and Crane.

*Sussex.*—J. R. Stuart, A. D. Morford, J. Miller, and C. Allen.

*Burlington.*—Longtree, A. E. Budd, D. B. Trimble, and I. P. Coleman.

*Mercer.*—J. Paul, J. B. Coleman, J. Woolverton, and G. R. Robbins.

*Camden.*—T. F. Cullen, C. D. Hendry, A. D. Woodruff, and J. V. Schenck.

*Hudson*.—J. M. Cornelison, and Charles Cook.

*Cumberland*.—J. W. Ludlam, E. M. Porter, and J. B. Potter.

*Hunterdon*.—S. Lilly, G. P. Rex, W. Johnson, and J. Blane.

*Gloucester*.—J. Sickler, and S. T. Miller.

*Monmouth*.—W. A. Newell.

*Passaic*.—G. Terhune, F. S. Weller, L. Burr, and A. W. Rogers.

*Morris*.—Stevenson, J. B. Munn, Canfield, and L. Condict.

#### FELLOWS PRESENT.

J. B. Munn, J. G. Goble, L. Condict, J. W. Craig, F. S. Schenck, B. H. Stratton, R. S. Smith, S. H. Pennington, and L. A. Smith.

On motion of Dr. Taylor, *Resolved*, That Dr. McClintock, of Philadelphia, and such other medical gentlemen present not delegated, be admitted to seats in the Society.

The following were appointed Committees on Treasurer's Accounts:—Craig, Rex, Woolverton. On Unfinished Business:—Parrish, Ludlam, and Sickler.

*Nominating Committee*.—Sussex, J. R. Stuart; Burlington, D. B. Trimble; Essex, L. A. Smith; Mercer, J. Paul; Camden, A. D. Woodruff; Hudson, J. M. Cornelison; Cumberland, J. B. Potter; Hunterdon, G. P. Rex; Gloucester, S. T. Miller; Morris, J. B. Munn; Salem, Cook; Somerset, J. W. Craig; Passaic, G. Terhune.

Dr. Paul, Chairman of Standing Committee, presented the Annual Report, which was accepted.

On motion, *Resolved*, That the Society will adjourn for dinner at 4 o'clock, each member defraying his own expenses; and that the last clause of the resolution be a permanent arrangement.

*Resolved*, That the Society now take a recess till two o'clock.

On re-assembling, the President addressed the Society on the subject of "The Medical History of the Country."

On motion of Dr. Pennington, a vote of thanks to the President for his address was ordered, and a copy requested for publication.

The following Bills were ordered to be paid, viz:—



Sherman & Hanon, for advertising, . . . . .	\$5 26
Newark Daily Advertiser, for printing By-laws and Diplomas, . . . . .	85 00
W. Pierson, for freight and portorage, . . . . .	37½
W. Magill, for advertising, . . . . .	62½
J. H. Phillips, . . . . .	5 00
For use of Hall, . . . . .	2 00

A communication was received from Dr. McClintock, Dean of Faculty of Philadelphia College of Medicine.

Ordered to lie upon the table for present.

The following resolutions, offered by Dr. Pennington, were adopted.

*Resolved*, That this Society have heard, with unfeigned regret, of the death of Dr. Whitfield Nichols, for many years a valued member of the profession, and at the time of his decease one of the Vice-Presidents of the Society.

*Resolved*, That while we mourn the loss that this Society, and the community in which he resided, have sustained in his decease, we would record, with grateful emotion, our high estimate of his many virtues, and hold before our minds, for imitation, that union of unaffected modesty with professional excellence by which the deceased was distinguished.

*Resolved*, that the foregoing resolution be placed on record in the Minutes of the Society, and that a copy of the same be sent, with the respectful sympathies of the Society, to the family of the deceased.

The Committee on Unfinished Business submitted the resolutions and subject matter, relative to the establishment of a Medical Library, presented at a preceding meeting.

A Report from Dr. L. Condict, relative to the United States Pharmacopœia, was submitted and accepted.

On motion of Dr. Phillips—

*Resolved*, That a committee be appointed to report a plan for the formation of a library; which was negatived.

The further consideration of the subject was then indefinitely postponed.

The communication from Dr. McClintock was now taken up; and Dr. McClintock was heard.

After some discussion, it was, on motion—

*Resolved*, That the whole subject do lie on the table.

The Chairman of Standing Committee reported favorably upon the Constitution and proceedings of the Hudson County District Society.

The several scientific committees appointed at the last meeting reported, and the Society took action as follows :—

First committee, by Dr. Parrish, presented a report on the chemical action of the kidneys, which was accepted, and the subject, by request of the committee, referred back to the same committee, for further investigation, Dr. D. B. Trimble being appointed to fill the vacancy occasioned by the death of Dr. Haines.

Second committee submitted a partial report, which was referred back to same committee. At the request of Dr. L. A. Smith, Dr. A. Coles was appointed chairman in his stead.

Third committee, made report by Dr. J. B. Coleman, which was accepted, and the subject referred back to the same committee.

Fourth committee, reported no action. Dr. Paul, at his request, was excused from acting, and J. H. Thompson, of Salem, substituted in his place; Dr. Gibbon being appointed chairman.

On motion—

*Resolved*, That an extra appropriation of sixty dollars be made to the Medical Reporter.

The Committee on Treasurer's Accounts, reported that they had examined the vouchers, accounts, and books in his hands, and find them correct, and a balance in hand of \$230 77.

The following were appointed officers for the ensuing year :—

<i>President</i> ,	O. H. TAYLOR, of Camden.
<i>First Vice-President</i> ,	J. PAUL, Trenton.
<i>Second Vice-President</i> ,	S. LILLY, Lambertville.
<i>Third Vice-President</i> ,	A. B. DAYTON, Middletown.
<i>Corresponding Secretary</i> ,	J. PARRISH, Burlington.
<i>Recording Secretary</i> ,	W. PIERSON, Orange.
<i>Treasurer</i> ,	J. S. ENGLISH, Manalapan.

*Standing Committee.*—G. P. REX, Chairman (Reaville), J. M. CORNELISON (Jersey City), and E. FITHIAN (Greenwich).

## CENSORS.

*Passaic.*—L. Burr, A. W. Rogers, G. Terhune, F. S. Weller.

*Essex.*—L. A. Smith, S. H. Pennington, A. Coles, and G. R. Chetwood.

*Morris.*—J. B. Munn, J. C. Elmer, J. B. Johns, and N. W. Condict.

*Sussex.*—F. Moran, J. R. Stuart, A. Linn, and J. Titsworth.

*Somerset.*—R. S. Smith, H. H. Vanderveer, S. K. Martin, and W. D. McKissack.

*Monmouth.*—D. Polhemus, W. A. Newell, J. S. English, and E. Taylor.

*Burlington.*—B. H. Stratton, Z. Read, G. Haines, and J. Parrish.

*Mercer.*—J. Paul, J. B. Coleman, G. R. Robbins, and J. H. Phillips.

*Hunterdon.*—W. Johnson, G. P. Rex, J. Blane, and S. Lilly.

*Camden.*—I. S. Mulford, O. H. Taylor, C. D. Hendry, and A. D. Woodruff.

*Gloucester.*—J. R. Sickler, J. F. Garrison, J. C. Weatherby, and E. F. Clark.

*Salem.*—C. Hannah, C. Swing, Q. Gibbon, and T. Yarrow.

*Cumberland.*—W. Elmer, G. Tomlinson, E. C. Bateman, and J. W. Ludlam.

*Hudson.*—J. M. Cornelison, C. Cook, J. E. Culver, and Magrave.

Drs. Paul, Coleman, and Woolverton were appointed a committee to procure a room and make arrangements for next annual meeting.

Society adjourned to meet at Trenton, at eleven o'clock, on fourth Tuesday of January next.

The following persons have received diplomas the past year from J. H. Phillips, President:—

Upon the certificates of the Boards of Censors—

NAME.	COUNTY.	STATE.
Garret H. Cline,	Warren,	New Jersey.
Charles G. Adams,	Passaic,	"
Irinie D. Young,	Burlington,	"
George M. Burgess,	Middlesex,	"
John Woolverton,	Mercer,	"
Samuel W. Butler,	Burlington,	"
Frederick A. Kinch,	Essex,	"
Willard F. Combs,	Hunterdon,	"

Upon presentation of diploma and certificate, according to new law :—

Robert Sloan,	Morris,	Univ. of N. York.
Joseph Sheppard,	Cumberland,	Univ. of Pa.
Edward D. G. Smith,	Essex,	Coll. of P. and S., N. York.
Ephraim Bateman,	Cumberland,	Jeff. Coll.
Philip F. Hulshizer,	Warren,	Pa. Med. Coll.
Lewis H. Mosher,	Somerset,	Univ. of N. York.
Richard B. Mershon,	Hunterdon,	Jeff. Coll.
Simeon S. Dana,	"	"
A. Alex. Howell,	Monmouth,	"
John W. Blackfan,	Hunterdon,	Univ. of Pa.
Joseph Hoffman,	"	"
Joseph C. Boardman,	Mercer,	"
Winslow Jackson,	Gloucester,	Jeff. Coll.
Wm. W. L. Phillips,	Mercer,	"
Jacob Quick,	"	Univ. of Pa.
Wm. S. Creveling,	Hunterdon,	Univ. of N. York.
John E. Presson,	Salem,	Univ. of Pa.
John R. Andrews,	Camden,	Penn. Coll.
Ambrose B. Hill,	Essex,	Jeff. Coll.
John M. Cornelison,	Hudson,	Coll. P. and S., N. York.
Wm. I. Moore,	Morris,	Jeff. Coll.
Alfred Wyker,	Sussex,	"
Thomas Sailer,	Gloucester,	"
Charles Cook,	Hudson,	Univ. of Pa.
Lorenzo W. Elder,	"	Coll. of P. and S., N. York.
Charles Dunham, Jr.,	Burlington,	Univ. of Pa.

NAME.	COUNTY.	STATE.
Saml. T. Locke,	Burlington,	Jeff. Coll.
Greenlief D. Doggett,	Hunterdon,	Coll. of P. and S., N. York.
Walter Ward,	Burlington,	Univ. of Pa.
Robert S. Middleton,	"	Penn. Coll.
Wm. Kennedy,	Warren,	Univ. of Pa.
Jacob W. Williamson,	Somerset,	"
Ch. Bartolette,	Hunterdon,	Jeff. Coll.
Jos. E. Arrowsmith,	Monmouth,	Univ. N. York.
Edward I. Grant,	Mercer,	Univ. of Pa.
Benj. S. Fisler,	Burlington,	Jeff. Coll.
Wm. H. Linn,	Sussex,	"
Ch. Voorhees,	Middlesex,	"
Henry F. Vanderveer,	Somerset,	Coll. of P. and S., N. York.
Joseph H. Wilson,	"	Univ. of N. York.
Leison English,	Monmouth,	Univ. of Pa.
Jonathan H. Leaming,	Cape May,	Jeff. Coll.
Robert R. Conover,	Monmouth,	Univ. of N. York.

W. PIERSON, *Rec. Sec'y.*





## ADDRESS OF THE PRESIDENT.

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GENTLEMEN:—By a modification of the charter under which this society exists, its annual meeting is to-day held at the capitol of the State, under circumstances peculiarly interesting and important, and which, if rightly improved, is calculated to promote its reputation and usefulness.

In the discharge of the duties imposed upon me as President of this Association, the rule of the Institution requires that I should address you on some useful and interesting subject; a medical or philosophical theme has usually been selected, and the records of the Society furnish abundant proof of the zeal and ability with which this duty has been discharged.

The field of inquiry open to our investigation embraces so much in its wide extent as to render it difficult to determine our choice, or what subject we should present to your consideration, as being best calculated to interest your attention, promote the usefulness of the profession, and advance the interests of the cause in which we are engaged.

The Medical Society of New Jersey, occupying as it does the proud position of being the first society of the kind regularly formed and organized in the United States, and laboring, as it ever has from the time of its voluntary incorporation, July 23d, 1766 (with the exception of the few years that elapsed during our revolutionary struggle), for the promotion and advancement of medical science, I have thought that a history of medicine, so far at least as it relates to our own country since its settlement by the Europeans, noting some of the most important changes that have taken place, within this period, in the principles and practice of the healing art, would not only afford us a pleasing theme for contemplation, but acquaint us with that knowledge

of its progress towards its present advanced condition so essential to the intelligent and successful practitioner.

In the commencement, we would remark that, with the progress of the Reformation and the revival of letters, the public mind began to manifest a spirit of general improvement, and felt a strong impulse to free itself, not only from the thralldom of theological bigotry, but from the tyranny of opinion on all other subjects, and as a consequence, the arts and the sciences gradually revived and were studied on a more successful and philosophic plan. The science of medicine, partaking of the beneficial effects of this condition, exhibited, as one of the most striking evidences of this improvement, the application to itself of the same scientific principles which had been found most successful in the advancement of the other departments of philosophy; and although, amid the conflict of error and opinion which at that time prevailed, it failed directly to accomplish its object, yet we discover in each successive theory, which from time to time prevailed, some improvement in our knowledge of the phenomena of disease, the influence and effect of remedies, and the slow but steady progress of advancing truth, leading to the ultimate establishment in medicine, of that spirit of inductive philosophy introduced by the commanding genius of Bacon, which had been adopted in the other departments of natural science, and which in medicine has done so much to advance the principles and progress of the art.

In proof of this, we need only inquire what were the doctrines of that period, how were they received and acted upon, and how long were they permitted to exercise an unlimited control over the minds of the profession?

In reply to the inquiry suggested, I will simply remark that the doctrines of that period, unlike those of Galen which preceded them, and which were so unanimously received and implicitly adopted for so many centuries, were by the spirit of the age subjected to a system of rigid analysis and investigation, and only so far as the doctrines taught were found, upon examination, to be based upon principles consistent with the laws that regulate and govern the phenomena of the animal economy, were they received or adopted.

Commencing then our investigations with the early settlement of this country, we find that the persecutions of the mother country had driven to our shores a class of men, strongly imbued with the love of civil and religious liberty, who, having felt the strong arm of tyranny and oppression, sought in these western wilds a fair field, and fair play, for the exercise of those civil, political, and religious privileges which had been denied them in the old world. Among them were many men of talent, piety, and learning; yet the situation of the American Colonies was such, for a long period after their original settlement, as to afford but little inducement to emigration to the medical men of the old world; accordingly, we find that the profession of medicine at this period, and for a succession of years thereafter, was in a very low and degraded condition.

In the infancy of this country, as well as in the infancy of the science, the priests appear to have been not only the earliest practitioners, but, as the general depositories of knowledge, to have collected and preserved what was known of the healing art. Indeed this appears to have been the natural progress of society in its earlier periods, and accordingly, in the annals of that period will be found the names of many clergymen engaged in the practice of medicine.

At this period of our existence, when the people were engaged in the establishment of institutions, social, political, and literary, surrounded as they were by numerous opposing obstacles, it is evident that but little could be done for the promotion and advancement of the science of medicine; indeed, we find but little, deserving of particular notice until about the commencement of the eighteenth century, when, with the progress of civilization, an augmented population, and increasing facilities of European communication, the science of medicine, animated and cherished by the genius of our institutions, began slowly to emerge from that state of darkness and ignorance by which it had been surrounded, and assume in the circle of the sciences a free and independent station.

As to the doctrines which prevailed at that period it may be said they were essentially the same with those prevailing in the mother country, being those of the illustrious Boerhaave; the basis

of his system being in a great measure mechanical, yet united with certain parts of the humoral pathology, its leading features being the great and undue importance which he gave to the fluids in the production of disease, and which by a change in their physical and chemical constitution, their visciditv, thinness, or acrimony, with the various morbid matters they contained, were supposed to render them operative in the production of disease; and the practice adopted, and remedies employed were such, as were supposed to act by changing and counteracting this condition of the fluids upon which their agency in the production of disease was supposed to depend. These doctrines, taught with all the ability, learning, and eloquence of their distinguished author, controlled for nearly a century, not only the opinions and practice of the medical men of the old world, but of the new, which was in such close connection with, and dependence upon it.

This system, though containing much that was valuable, was unable long to resist the tests of observation and experiment, so peculiar to the age, failing as it did to satisfy those who were not content with theories, however highly wrought or beautiful they might appear, unless based upon principles consistent with the phenomena of life, and those established truths which the progress of the science had taught as its only rational foundation; therefore, like all other systems based upon hypothesis, and sustained by speculation, it ultimately yielded to the more enlarged and liberal theories of those who succeeded him.

In this connection, also, as deserving of especial notice, because of the adoption of his peculiar opinions by most of the British and American physicians, we might mention the justly celebrated Cullen, whose opinions and writings afford, in many respects, a striking contrast to those of his predecessors; unlike them, as being the result of hypothesis and speculation, but of patient, extensive, and laborious investigation; and his works, though containing much that subsequent discoveries in science have shown to be untenable, yet his writings produced a strong and lasting impression not only in Europe, but in our own country, and have contributed in an eminent degree to improve the science as well as the practice of the art.

During the colonial history of this country, when many of the most potent and useful articles of the *materia medica* were but partially exhibited, and their most active principles undiscovered, when the science of chemistry had not unfolded to us the mysteries of nature, and when there were no medical schools for the instruction of those who sought to engage in the practice of medicine, it is easy to perceive that a condition existed highly unfavorable to the progress of the science; yet, notwithstanding the difficulties and discouragements by which the colonial physicians were surrounded, they were, from the exigencies of the times, and the trying situations in which they were placed, taught to think and act with that boldness and originality so peculiarly the characteristic of the American people, and as a consequence, some new modes of practice of great value and importance were adopted, and successfully maintained.

As early as 1721, the most remarkable as well as the most exciting event which characterized the history of our colonial medicine, was introduced the practice of inoculation for the smallpox; and, while the British government was pardoning felons, that they might be subjected to the operation, to a Boston physician,\* guided by the convictions of an enlightened judgment, belongs the honor of practising upon his own son an operation which ended in establishing the success of a practice which did so much to lessen the mortality of that formidable and loathsome disease.

At the close of the same century, the blessed gift of Jenner to humanity was borne to our hemisphere; and to Drs. Waterhouse, of Boston, and Coxe, of Philadelphia, we are indebted for their early, persistent, and successful efforts in introducing and establishing the success of an enterprise which led the way to its final adoption throughout the country.

Its importance was heightened from the fact that it was entirely without the knowledge of its having been performed, about the same period, for the first time in Europe, and its complete success led to its speedy introduction and diffusion throughout the American colonies, towards the end of the eighteenth century.

\* Dr. Boylston.

In 1736, when the angina maligna prevailed to such an alarming extent throughout the American colonies, the use of calomel was introduced as an efficient remedy in the treatment of that formidable disease, and the great success attending its use, as early as 1750, led to its general employment throughout the country as a remedy in pleurisy, pneumonia, rheumatism, and other inflammatory diseases, which at that period so extensively prevailed. To this practice, originating with our colonial physicians, is the medical world indebted for one of the most valuable improvements in the practice of medicine.

In 1754 in Boston,\* and in 1756 in Philadelphia,† appeared the first regular and systematic practitioners of midwifery, of whom we have any account, and they deserve especial notice for their efforts in surmounting the difficulties and prejudices which at that time existed to the employment of the male practitioner, as well as for their success in rescuing from the hands of ignorant and uneducated females the practice of a difficult and delicate art.

In reference to that acute and now well-known disease, the croup, our colonial physicians deserve especial mention for their early, prompt, and rigid investigations concerning its pathology and treatment. By them its true inflammatory character was successfully demonstrated, and, as the result of their investigations, a more rational, energetic, and successful treatment was adopted. Blood-letting *ad deliquium*, the free use of tartar emetic, and calomel, were all urgently recommended by them.

So too in regard to the yellow fever; the investigations of our colonial physicians stand unrivalled in point of their exactness and minuteness in the description of that terrible disease, as well as in the energy and success of their practice.

In botany, materia medica, practice, and the other departments of medicine, the investigations of our colonial physicians were no less interesting and important, leading as they did, not only to a more rational understanding of disease, a more correct knowledge of the operation of remedies, but to the promotion and advancement of the science.

\* James Lloyd.

† Wm. Shippen.



As rich contributors to the science of medicine during our colonial existence, the names of Mitchell, Lining, Rush, Douglass, Ogden, Redman, Gale, Thomas, Bard, Chalmers, Middleton, Bayley, Smith, Bull, Moultrie, Ramsey, Gardnen, Clayton, Tennent, Cadwalader, Bond, Morgan, Shippen, Lloyd, Colden, and others, deserve honorable mention.

It was toward the close of our colonial existence that the first step was taken toward the establishment of an institution, in which medicine was to be taught as a science, by Drs. Morgan and Shippen, natives of Philadelphia, between whom some conversation on the subject seems to have passed while prosecuting their studies in Europe; but to which of the two priority of conception belongs has not been determined. As early as 1762, Dr. Shippen commenced a course of lectures on anatomy, which he continued for three successive years; in the introductory to which, he demonstrated the practicability of teaching medicine in all its branches, in Philadelphia, though he abstained from any farther prosecution of the plan till joined by Dr. Morgan, on his return from Europe, the latter of whom had formed the project of engrafting a medical department on the College of Philadelphia, and had secured in its favor the opinions and recommendations of many powerful and influential friends residing in Great Britain. This plan, which was laid before the trustees on the 3d of May, 1765, appears to have been unanimously adopted, and Dr. Morgan was elected Professor of the Theory and Practice of Physic. On the 23d day of September, of the same year, Dr. Shippen was appointed Professor of Anatomy and Surgery. The other chairs were for a time unsupplied, until on the 1st of August, 1769, its organization was completed, according to its original design, by the appointment of Dr. Rush to the chair of Chemistry.

The institution, thus organized and established, went into active operation, and continued till the year 1775, when its lectures were suspended by the war of the Revolution.

New York, emulous of the example set her by Philadelphia, in 1768 also adopted measures for the establishment of a medical school; a full medical faculty was regularly organized under the superintendence of the trustees of King's College; the progress of which was also interrupted by the Revolution.

Such was the commencement of the medical institutions of the United States; though small in their beginning, by their unprecedented growth and success, they have done much, not only to improve directly the science of medicine, but, by exciting the spirit of emulation, have given birth to others of a similar character, the united efforts of which are shedding abroad throughout our land the light of science and of knowledge.

In 1775 commenced the war of the Revolution, that eventful period in our country's history, the result of which has given us that national government, and those State institutions under which (through the Providence of God) we have so highly flourished.

During this trying period, the members of the medical profession are seen occupying a no less distinguished and important position, than while engaged in the prosecution of their profession. Deeply imbued with the love of civil and religious liberty, as well as ardent in the cultivation of a liberal and enlightened profession, their energies were directed to the attainment of their country's independence, and bright upon the page of our country's history will stand emblazoned the names of Warren,\* of Mercer, and of Rush.

Here, upon this spot, consecrated by the blood of our revolutionary sires, whose success in arms turned the tide of the Revolution, Jan. 1st, 1777, the gallant Hugh Mercer, a distinguished physician, fell in the defence of the liberties of his adopted country.

Benjamin Rush, a member of the Congress of 1776, one of the signers of the Declaration of Independence, affords a bright and prominent example, not only of devotion to science, but of ardent love for the cause of his country, as well as of the best interests of his fellow-men.

The independence of the country established, a new career was opened for the Science of Medicine. If, by the exertions

\* Joseph Warren, a native of Massachusetts, a practitioner of medicine in Boston, upon that dreadful summer morning of June 17th, 1775, which poured out upon the flowery turf so much of the purest blood of New England, mingled with that of her oppressors, was slain in the defence of his country.

of the colonial physicians, the standard of medical education had been raised, and its principles better understood, how much more rapid and striking has been its progress since that period.

Up to this period almost all the physicians who had distinguished themselves, had received their education in Europe, under the instruction of able men, whose teachings had infused into their minds that love of knowledge, that desire to drink at the pure fountain of scientific truth, which subsequently led them not only to the establishment of medical institutions in this country, but to the more active cultivation and improvement of that science, the elements of which had been received abroad.

As has been observed, the progress of the institutions organized and established for the purpose of teaching the science, was interrupted and suspended by the progress of the Revolution, but with the establishment of peace was again resumed; and, with the modifications that they subsequently underwent, were more fully prepared to teach the science in all its various departments, and with a success that has done much, not only to establish the science of medicine in this country upon a firm and successful basis, but to promote and extend its prosperity and usefulness.

The minds of men, no longer regarding the false theories and absurd conceits of the ancients as authority, cast aside, as old and worn out garments, the theories of the solidists, humoralists, and chemists, never to be resumed again by those philosophers, whose principles in medicine had taught them to regard that only as valuable, which, on examination, was found to be based upon anatomical and physiological truth, the only rational foundation of medical science.

Indeed, the recognition and establishment of this principle may be regarded as the most striking indication of the progress which medicine, as a science, from this period was destined to make in this country; and while we would gratefully acknowledge the benefits it has received from the physicians of Europe, especially in the rich legacies bequeathed to us in the writings and teachings of Bichât and John Hunter, in anatomy and physiology, yet to the able and faithful members of the profession

in our own country do we owe much, in the solution and application of these principles, to the establishment of the great truths of medical science, a science which they labored so successfully to cultivate, improve, and extend.

The improvements medicine has undergone, in its various departments, since the Revolution, present an object of inquiry no less interesting and important than did those that preceded it, and which we have already considered. Among them we might mention the more philosophical manner in which its investigations are conducted; the discoveries and improvements which in consequence thereof have been made in the etiology, pathology, and diagnosis, as well as the more enlightened, rational, and successful modes of treatment which have resulted.

Notwithstanding the great progress that has been made in the arts and sciences generally, we may safely affirm that there is none in which our country has made greater progress than in that of medicine, and none in which she holds a more complete independence of the European world. If any doubt the truth of this assertion, let him carefully review the history of this country, especially of our art, and compare the present advanced state of our knowledge with the theories and opinions that prevailed in the early part of the eighteenth century, and he will doubt no longer; but, on the contrary, must acknowledge that the musty errors and deep-rooted prejudices of the European schools have here been abandoned, successfully refuted, and new principles proposed, ascertained, and completely established.

In proof of this numerous examples might be given. Time will not permit us to dwell more minutely upon this feature of the subject, and we proceed to notice briefly some of the evidences of the progress of the science since the Revolution, as well as the names of some of those who have contributed to its advancement.

In anatomy, the basis upon which rests all that is valuable of our knowledge of disease, we might mention many modifications and improvements which it has undergone, evincing not only a decided impulse beyond that of the preceding period, but a marked and triumphant progress; as evidence of which, we might mention that organs before unknown have been discovered, ar-

rangements of parts in obscurity now detected, textures of a character uncertain and disputable now settled and elucidated, textures formerly passed over as possessed of no descriptive features now described with accuracy and minuteness.

With the augmented means of research, the progress of the science has been immense, the most valuable contributions have been made; modes of elucidation by models, plates, drawings, and injections, greatly improved; and its progress greatly advanced by the labors and investigations of American physicians, among whom, as rich contributors to this department, we might mention the names of Wistar, Post, Horner, and others equally deserving of honorable mention.

In surgery, also, we might mention many facts illustrative of its progress, and in connection therewith the names of Physick, Warren, Dorsey, Mott, Gibson, Mussey, Randolph, and others, appear as its most assiduous cultivators, and have done much by their labors to elucidate and establish not only the principles but the practice of the art.

To Physick, the most eminent surgeon and physician this country has ever seen, the venerated pupil of the justly renowned Hunter, are we indebted for many great and valuable improvements; among which we might mention many in the treatment of wounds and fractures, "a more perfect gorget for lithotomy, the stomach pump for toxicological and other purposes, the excision of the tonsils, a more philosophical plan in the treatment of ulcers, the discovery and division of the pouches at the verge of the anus, for the cure of a troublesome and painful disease, the proposal and execution of a new and ingenious operation for the cure of pseudo-arthritis," as well as the improvement of many surgical instruments and apparatus.

Operative surgery was also improved and greatly perfected; the process of curing deformities by sections of the tendons came into general use, and strabismus, club-foot, and many other deformities were successfully cured by this mode of treatment.

Mott took up the innominate as well as carotids and iliacs; Gibson performed twice successfully, to both mother and child, the Cæsarean operation, an operation but once previously successfully performed in Great Britain; Randolph practised with

great success the operations of lithotripsy; McClellan extirpated the parotid gland; not to mention others, who have contributed greatly by their efforts to improve this department of the science.

In botany, and the indigenous materia medica, the evidences of progress and improvement are no less striking than in the departments just noticed, and the interest excited in these departments by its most distinguished cultivators, greatly enriched the materia medica by contributions from the flora of this continent, and caused many indigenous plants, before unknown or unnoticed, to assume their proper place in pharmacopœias.

In chemistry, also, many important discoveries were made, and the mode of teaching greatly improved. Among the improvements in this department may be mentioned the discovery or improvement, by Dr. Hare, of the hydro-oxygen blow-pipe, by means of which he was enabled not only to fuse several of the pure earths which had previously been deemed infusible, but to fuse and volatilize even platinum; not to mention the names of Waterhouse, Silliman, and other distinguished cultivators of the science.

In obstetrics, a department of the science which, until about the middle of the last century, was entirely in the hands of ignorant and uneducated females, have great and important improvements been made; and to Dewees are we indebted for a more rational and improved system of the foetal presentations and positions; a more scientific mode of instruction; a proper and more correct knowledge of the application and operation of the forceps and use of the ergot, as well as for his more complete and useful works on the diseases of women and children.

Here, too, have percussion and auscultation been taught with great certainty and success; and the field thus opened has been cultivated by those who have entered it, with an energy that has yielded a rich and abundant harvest in the pathology, diagnosis, prognosis, and cure of cardiac and thoracic diseases; and, as some of its most successful cultivators, we might mention the names of Morton, Jackson, Gerard, and others.

Pathological investigations have also been extensively prose-



cuted in this country, and have added largely to our stock of knowledge.

In this country, too, honored as it is by the names of those worthy of its greatness, have the great doctrines of the movement of disease received a large and liberal share of attention; and to no one more than the immortal Rush, are we indebted for that spirit of enlightened inquiry, those extensive and accurate views of the nature, causes, and treatment of disease, that give so great a value and interest to his writings, and whose life affords an illustrious example of devotion to science, extensive erudition, and love for original observation, which so eminently qualified him not only to fill, but adorn, any department of medicine in which his services were required. As coadjutors in this great work, the names of Miller, Bard, Hosack, Chapman, Eberle, Dunglison, Wood, and others, deserve honorable mention.

It would be interesting to pursue the subject further, but we must content ourselves by noticing, in conclusion, the discovery of the great anæsthetic agents, ether and chloroform, and their application to the relief of human suffering, as marking one of the greatest discoveries the medical world has ever made—and which will of itself render the name of America familiar throughout the civilized world—"through the agency of which, how many human creatures are cheated of pangs, which seemed inevitable as the common doom of mortality, and lulled by the strange magic of the enchanted goblet, held for a few moments to their lips, into a repose which has something of ecstasy in its dreamy slumbers. The knife is searching for disease, the pullies are dragging back dislocated limbs, Nature herself is working out the primal curse, which doomed the tenderest of her creatures to the sharpest of her trials—but the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever."

Such are some of the evidences of the progress which medicine as a science has made in our country, and I might add many more; but I trust sufficient has been said to show that the votaries of medicine in this country have not been idle or weary in the pursuit of knowledge in the healing art, and that great and

unparalleled success has crowned the efforts of those of our countrymen, who have devoted themselves, their energies, and their lives, to the great cause of humanity.

Within a recent period, the medical men of this country, (not content with the progress already made,) in order to overcome, by a combination of effort, difficulties insurmountable to individual enterprise, have organized themselves into one great league, the most extensive ever formed in any profession, with one heart and one mind, aided by the principle of associated action, to advance the interests of that great and good cause in which we are engaged; this may be hailed as an auspicious omen. Whereas ambition, pride, and avarice, have hitherto controlled most successfully the power of this principle, the claims of humanity, through the agency of this and other benevolent institutions, now command the manifestations of its power, not only in ameliorating the ills of human suffering, but in promoting the cause of science, and the health, prosperity, and happiness of the people.

In conclusion, I would remark, that when we take a retrospective view of the history of our country, associating its vast extent and varied resources with the enterprising character of its inhabitants, we cannot resist the conclusion, that the science of medicine, notwithstanding its present improved condition, is destined to make still greater advances in this country; and the period has even now arrived, when we have not only returned to the professional savans of the old world an equivalent for all we have received from them, but when we in our turn have taken the lead in the progressive march of medical science.

The principle of progress, the same that animated our forefathers in their emigration to, and settlement of this western wild; the spirit that sustained them in their heroic resistance to the tyranny and usurpations of Great Britain, and that triumphed in the erection of a temple to republican liberty, affording an asylum to the oppressed, the admiration of mankind, are but indications of the progress of this principle in the field of civil government. Its triumphs in the arts and sciences have been, if possible, still more brilliant. In all those arts which promote material well being, we are unsurpassed. As to the use of steam,

as applied by Fitch and Fulton, a myriad of miles of railroad are traversed by the locomotive; our sailing vessels are unrivalled, and their canvas whiten every sea—we have as many steamers as all the world beside.

The war steamer and the graceful ship, directed by the compass, walk the water like things of life; and the mariner, confiding in the principles of science, feels himself secure under its protecting care. Fearlessly he braves appalling danger. From a confidence in the resources and the power science confers on him, he contends with the warring elements, and triumphs over the storm, and battling waves.

The records of our Patent Office present a list of inventions without a parallel. In the material and industrial departments, we are unsurpassed in the annals of nations. The electric telegraph has annihilated time and space, and brought the remote sections of our country, through its instrumentality, together.

Natural history has called around her all the varieties of objects in the animal and vegetable kingdoms, and given them their names and classifications.

Chemistry has fathomed the mysteries of nature, and taught us the elements of matter, their properties and laws of combination.

Astronomy—once a mystic art—has become a grand and demonstrative science, spreading out before us a chart of the heavens, teaching us familiarly a knowledge of the stars, the motion, relation, and laws of the great bodies of the universe.

In what may be deemed the higher arts, the evidences of the progress are equally striking, and as beautifully exhibited.

But why dwell upon illustrations? Why attempt to recount the evidences of the march of mind? The progress of improvement, as the crowding figures of a dazzling panorama, charm while they defy enumeration. It is enough to say they constitute the distinction of the present age, and the hopeful pledge of a progressive future.

Who of us believes that medicine, in any of its departments, will prove an exception to the rule which we have seen to prevail in other arts, whether mechanical or intellectual? No; it is not, cannot be—for on every side we behold the cheering emblems of

its future progress; nothing cannot arrest its onward march. Its motto is "Excelsior." Higher and higher up the steep ascent of science, is heard the voice of the ambitious and aspiring medical philosopher, until the very vault of heaven itself echoes and re-echoes the small but never-ceasing voices, Excelsior! Excelsior!

## REPORT OF THE STANDING COMMITTEE.

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THE Standing Committee, in presenting their Report to the New Jersey Medical Society, have to request the indulgence of the members, for what may be considered its uninteresting character. This, however, may be somewhat accounted for, from the entire exemption, your Committee presume (in many of the counties of New Jersey, from which no reports have been received), the inhabitants have enjoyed from any of the severe epidemics which from time to time afflict the human race. While, therefore, they may congratulate the community, in many parts of the State, upon the enjoyment of good general health during the past year, they would not forget the recent great mortality which has taken place among the aged and infirm, who are ill able to bear the rapid changes and extreme cold we have experienced during the present winter, even to the present time; and although the means of ascertaining with certainty what has been the actual rate of mortality in each county of the State is unavailable, yet it is gratifying to observe, by the census returns of 1850, that the ratio of deaths to the whole population, the former numbering 6,467, the latter 489,333, is as 1 in 753, or 1.32 per centum. This shows a high standard of health, which we hope to see even augmented, as science advances, and the health of the community and individual life become more and more the subject of legislative protection and professional care.

Your Committee have great pleasure in stating that they observe with satisfaction a greater degree of energy in the members of the District Societies; which has not only the effect of drawing together the brethren of the profession, but of allowing that interchange of thought and mind which has ever been attended with the very best effect in dissipating professional

jealousies, and promoting harmony among those having the common good at heart. Nor is the time at these meetings trifled with or idly spent, but subjects are introduced and cases detailed, which give a character and an interest, not only to the members present, but tends to show a zeal and an anxiety to further medical science and promote the good of the community in which they reside.

Your Committee, while they believe that there are many persons practising medicine in the State who have not been licensed, and who may be even without a diploma from any recognized medical school, at the same time beg leave to state, that no case of irregularity, or neglect, or contempt of the laws of this Society have been brought to their notice.

Reports have been received from seven counties, from which your Committee have made such extracts, and offered such observations, as may bring the subject matter of each before the Society, referring to the several reports for detail, should the Society resolve that they shall be published.

From *Cumberland County*, we have an interesting report from Dr. J. Barron Potter [see *Report* marked A], of the affection commonly called "mumps," (*Parotitis* of Good—*Cynanche Parotidæa* of Cullen,) as it appeared in an epidemic form in that county, of rather unusual severity, from which we extract the following summary: "From these reports, we see that nearly all ages suffered in this epidemic, from the infant of 6 months to the old man of 70 years, including three children at the breast, two of these under one year old. One case of metastasis to the breast, two others affected with soreness of that gland. One case of suppuration of the parotid. Several cases of metastasis to the brain and bowels. Eighty-six cases of metastasis to the testis; two of these resulting in atrophy of that organ."

This disease was made the subject of attention by the Standing Committee of last year; we shall, however, offer a few observations further. In alluding to the affection of the testicle, which is generally designated "metastasis to the testis," in the report, the Reporter very properly remarks, "all cases of metastasis to the testis with which we are acquainted, were looked upon more in the light of succession than of transference."



*Cullen* looks upon it as a concomitant of the disease; he states, "as the swelling of the fauces recedes, some tumor affects the testicles in the male sex, or the breasts of the female. These tumors are sometimes large, hard, and somewhat painful;" and adds, "the pyrexia attending this disease is commonly slight, and recedes with the swelling of the fauces; but sometimes, when the swelling of the testicles does not succeed to that of the fauces, or when the one or the other is suddenly repressed, the pyrexia becomes more considerable, is often attended with delirium, and has sometimes proved fatal." *Good*, on the other hand, regards it as sympathetic; he states: "The sympathetic action of the testes and the mammæ is most conspicuous towards the decline of the inflammation. And in many instances it is by no means an unfavorable sign; for it has been occasionally found that, where the sympathy has not been manifested, or the glandular swelling has been suddenly repelled, the symptomatic fever has been greatly exacerbated, delirium has ensued, and even death has closed the scene." We must look therefore in the adult for this affection of the testicle—even with the unfavorable termination of atrophy of that organ, a result which sometimes will happen.

It is satisfactory to observe that the treatment even of the aggravated cases was successful; there having been only one fatal case, and that where the treatment could not be vouched for.

From *Gloucester County*, the reporter, Dr. J. F. Garrison [see *Report* marked B], alludes to the healthiness of his district, having escaped a visit from any epidemic during the last year, and even the ordinary endemic diseases having presented no peculiarity of course or character; and refers to the fact of the unusual healthiness of a community after cholera—an observation made not only now, but after the former prevalence of that disease, and not only on this continent but elsewhere, as noted in our journals. Dr. Garrison then offers some interesting remarks on the limited knowledge possessed of the causes and nature of epidemics, but feels convinced "that there are constantly at work agencies so subtle as to be inscrutable by any of our present means of observation, and so powerful as to modify the character of diseases over vast tracts of country, in

locations the most different in physical condition, and dissimilar in their meteorological phenomena;" causing the greatest changes in the character and type of the disease, and requiring the practising physician "to study well the epidemic constitution of the season." This state of atmospheric influence, as we may call it, the reporter illustrates by a record of "the extensive prevalence of a disposition to purulent deposits in the external tissues of the body," showing itself in the shape of whitlow, boils, and abscesses—from those on the eyelids, containing merely a few drops, to immense sacs, in the muscles of the thigh and on the parietes of the abdomen, filled with several ounces of matter. A similar affection has been noted in other parts of the States and in England, and has obtained from a writer the appellation of "the furunculoid epidemic."

The reporter then alludes to diarrhœa and dysentery as seeming to have taken the place of cholera infantum, of which there have been very few cases since the cholera epidemic; he adds, that the cases of the latter, which before made a very important item in our bills of mortality, have been few and easily manageable, while dysentery "has been both more frequent and more fatal."

In intermittents of the simplest form, *i. e.* ague without febrile or inflammatory complication, Dr. G. finds the combination of cinchona bark, in powder, and black pepper, equally efficient, and not more than one-half as expensive as quinine.

The remaining portion of Dr. Garrison's report is on the subject of foreign bodies lodging in the air-passages, and gives two cases in detail.

From *Mercer County*, the reporter, Dr. W. W. L. Phillips [see *Report* marked C.], offers some observations on measles and dysentery, both diseases having prevailed to some extent in this county during the spring and summer months of last year. He particularly alludes to the former disease (measles), which appeared in many cases of a malignant character. "The symptoms," says the reporter, "in some of the cases, assumed ataxic or adynamic characters, which gave to them the features of the typhoid type of disease. In some cases, these symptoms made their appearance in an early stage of the disease, but in others

they did not appear until the eruptive stage was reached. These cases were marked by frequency and feebleness of pulse, by prostration, by unusual dyspnoea and oppression, and particularly by greater violence of the nervous symptoms, as delirium, stupor, &c. The eruption made its appearance slowly, and came out imperfectly or irregularly, and frequently assumed a livid or purplish color."

This variety of measles, as described by the reporter, assimilates to the *Rubeola nigra*, or black measles of Good, who says: "It is chiefly found in persons of debilitated and lax fibres; and the dark patches will sometimes remain for ten or twelve days after the commencement of the eruption, with no other symptoms of fever than a quicker pulse, and an increased degree of languor."\*

The treatment adopted, says the reporter, were stimulants and tonics, as wine, brandy, ammonia, &c., and, in the cases having severe nervous symptoms, camphor and opium were found useful.†

Dr. Phillips observes that dysentery prevailed very considerably during the summer, and was marked, in many cases, by the absence of tenesmus.

This disease was commented on by Dr. John H. Phillips, at the meeting of the County Society, held in October last, as it appeared in the district of the county in which he resides; an abstract of which appeared in the December number of the *Reporter*. Your Committee would also allude to a paper on the same disease by Dr. Parrish, inserted in the same *Journal* for September last, as it appeared in Burlington; to both of which reference will be made hereafter.

The remaining portion of Dr. W. W. L. Phillips's report details a case of scirrhus disease of the liver, which came under his observation. On a *post-mortem* examination, the reporter states, "the liver was found to be almost one mass of scirrhus disease. The right lobe in particular was very much enlarged, and pressed

\* We regret to learn that this variety of measles is now prevalent at New Brunswick, in this State.

† In this variety, "Good" recommends an infusion of cinchona bark with diluted sulphuric acid.

upwards against the diaphragm, so as seriously to interfere with that muscle in respiration."

Although the enlarged state of the liver, as detailed in this case, could be detected upon external examination, yet it not unfrequently happens that the enlargement cannot so be detected, but takes place by increasing the convexity, pressing the diaphragm upwards, and consequently impeding the due inflation of the lung, giving rise to all the symptoms of disease of the latter organ; a circumstance which should be borne in mind in aiding the practising physician to form a correct diagnosis in the case.

From *Hunterdon County*, the reporter, Dr. Rex [see *Report* marked D], commences with an interesting account of epidemic dysentery of a typhoid character, "which commenced (he states) about the first of August, and terminated sometime in November." The disease was characterized by the absence of inflammatory action, less tenderness of the abdomen, and more tympanitis than is usually present; the pulse was often feeble, and in many cases there was a disposition to sink from the commencement; frequent evacuations, consisting of mucus mixed with blood, and in many cases they were nearly all blood; *tormina* and *tenesmus* were seldom or ever absent, and the tongue was usually coated with a light brown fur, which soon became dry, cracked, and brown; the reporter adds, "if the disease was not checked, very frequently, the patient would die in three or four days from exhaustion." These characters are corroborated in a very full and graphic description of the disease from the pen of Dr. Wm. Johnson of the same county, who resides in one of the districts infected, and had ample opportunity of watching and treating the disease.

It will be observed that the type of the disease was very different in *Hunterdon*, to what it assumed in *Mercer*, according to the report from that county, and the communication of Dr. John H. Phillips, already referred to, where the disease was characterized by the *absence*, in a great measure, of *tenesmus*, and the mild and modified type it assumed.

The treatment observed in *Hunterdon*, detailed by the reporter, consisted, in the first stage of the disease, of a mild

alterative course, unless where contraindicated, succeeded by medicine to allay irritation and support the strength; and it will be observed in this interesting report, that both Dr. Rex and Dr. Johnson emphatically state, "whenever a slight mercurial impression was made, the patient generally recovered."

With regard to the cause of the disease, the reporter remarks: "There is one circumstance in connection with this epidemic to which I would call the attention of the Committee and through them the profession, and that is, how far the protracted dry weather may have been instrumental in producing the disease." It appears that the months of April and May were unusually wet; during the succeeding months of June, July, and August, there was very little rain; in the following months it was very dry, and "water more scarce than had been known for thirty years previous." The disease commenced early in August, and "about the 20th October there was a general rain; soon after, the disease began to subside, and disappeared about the middle of November. During this period," adds the reporter, "there have been more deaths, in proportion to the number of cases, than has ever before been known in the county of Hunterdon."

In Dr. Parrish's paper, in the September number of the *Reporter*, on dysentery, as it occurred in *Burlington* county during the months of July and August of 1850, he states: "The disease appeared coincident with an overflow of the meadows in the vicinity of the town, occasioned by a breach in the banks which protect them from the river. In consequence of the extent and continuance of the freshet, the land in the immediate neighborhood remained under water for seven or eight days; and, after its subsidence, a succession of very hot days occurring, the exhalations arising from decayed animal and vegetable matter were extremely offensive, and no doubt contributed to aggravate the disease, which already prevailed to a considerable extent."

It will be observed that the disease in *Burlington County*, was coincident with the overflow of the meadows, and before any miasma could have arisen from the subsequent exposure; we are, therefore, led to infer that the system was in a state peculiarly susceptible, from the state of the atmosphere before the rain.

Your Committee are not sufficiently well acquainted with the

topography of *Hunterdon County*, to offer an opinion as to which of the many causes assigned for the production of dysentery of a typhoid type may have tended to excite or influence its appearance; but they would respectfully allude to the long drought and excessive dry weather: 1st, as causing miasma to arise from any stagnant pool or marshy land, or the banks of streams usually covered with running water; 2d, tending to deteriorate the water used for drinking; 3d, the great care necessary in removing and carefully putting away the evacuations of the first patients; and 4th, the constant action of a dry atmosphere on the surface of the body, causing an undue evaporation of the serous fluid, a greater density of the circulating medium, and consequent turgescence of the vessels and congestion of the internal organs, all tending to influence the system to the disease.

Dr. Johnson also points out a circumstance which he considers worthy of record. He says: "I allude to the very frequent occurrence of rheumatism as one of its sequelæ. These cases, as far as I know them, occurred in persons who had not been subjected in any degree to mercurial treatment."

On this head, *Copland*, Art. Dysentery, observes: "The association of rheumatic symptoms with dysentery has been so frequently observed, that many authors have contended for the rheumatic nature of the disease. The connection of rheumatism with dysentery occurs in one or other of the following ways: 1. Rheumatism may be prevalent either before, or at the same time as, or subsequently, to dysentery; 2. It may also precede, accompany, or follow the bowel disease in the same person," &c.

Dr. Johnson then briefly alludes to a case of concussion of the brain, in which reaction did not take place for twenty or twenty-five hours after the accident, when venesection was employed; and states: "I mention this case, merely to show the importance of resisting the importunities of friends to use the lancet too early, before reaction takes place; and to show the astonishing recuperative powers of the system." In the practice of midwifery, three cases had occurred requiring instrumental aid. Two of them were forceps cases, and one of evisceration in a shoulder-presentation, where the waters were drained off so long as to render turning impossible. The children in the former



cases, and all the mothers, did well. Dr. J. adds: "This is the only case of the kind I have ever witnessed in a practice of forty years;" no difficulty having ever been found before in turning the child.

Dr. Rex, in concluding his interesting report, alludes to the fact that quackery continues to exist, and that "Hunterdon is not exempt from its baleful influence;" while on the other hand, the Reporter adds, that "the District Society for the county is in a flourishing condition; the meetings are well attended, the interest increases, and members are added at each session."

From *Passaic County*, Dr. Alex. W. Rogers, of Patterson, reports [see Report marked E], that in the spring of 1851 scarlet fever was prevalent, generally mild in character, "although a few malignant cases occurred, with gangrene of the throat, &c.; but in almost every case," continues the reporter, "about a fortnight after the eruption began to fade, there suddenly set in that affection of the kidneys characterized by a greatly diminished secretion of urine, amounting almost to suppression, and attended with that marked change in the color of the urine, which is, I believe, peculiar to this disease. I have seen cases where it was as dark as ink, and where I could not satisfy myself that it was really urine, until I had made the strictest inquiry." Dr. Rogers had had little trouble in managing the consecutive suppression of urine, and anasarca, in former epidemics of scarlatina, and invariably succeeded with a compound of squills, super-tartrate of potass, and sulphate of potass; "but in this epidemic," he adds, "this, as well as all other forms of diuretics, not only often failed, but seemed to aggravate the symptoms, causing frequent, painful, and ineffectual efforts to pass urine." After some experience, Dr. R. found the application of leeches over the region of the kidneys, followed by warm poultices and blisters, if required, the best practice; "to give in the early stage calomel, and, when the disease became more asthenic, to administer squills and the more stimulating diuretics. A number of cases of hydrothorax were accompanied with symptoms of pleurisy, and were benefited by blistering; some terminated in disease of the lungs, the little patient pining away with cough and hectic

fever. The most of these were children from two to five years of age."

A healthy period succeeded this epidemic; and as the summer came on cases of mild intermittent occurred, followed, as the season advanced, with remittent fever, and some cases of continued fever, which scarcely exhibited any tendency to intermission. "Pure remittent," says the reporter, "seemed to do best under an expectant plan of treatment, watching, however, against local congestion or inflammatory complication, of which the lungs were the most frequent seat." Venesection gave the speediest relief, followed by blisters or poultices.

Since the winter set in, inflammatory affections have prevailed, which, if not treated with venesection in the first instance, became lingering and protracted. On this head, Dr. Rogers offers some judicious remarks on the influence the various popular new notions, such as Homœopathy and Hydropathy, sometimes may have, in restraining the physician "from the free and full discharge of his duty—that decisive conduct, which is needed to check disease of an inflammatory nature;" and states that, "during the past year, a number of pulmonary cases have come to my knowledge where the cold-water treatment, in the early stage, appeared to serve the purpose of fixing and confirming the disease."

Dr. Rogers closes his report with the detail of two obstetric cases. The first, where, adherence continuing while gentle traction was exercised, the fundus uteri became inverted, but was quickly and easily returned to its position. Dr. R. adds: "This case makes me believe that inversion may sometimes take place by the action of the uterus itself, without any undue force being used in the delivery of the placenta. Certain it is, I employed nothing more than the most gentle traction. I am not unaware that a flaccid and inactive condition of the uterus favors an inversion, and, under such circumstances, comparatively slight force may induce it, but I do not think this was the cause here."

The second case was complicated, "the head presenting, and with it a foot, well in advance of the head." Attempts were made to turn, but without success—and the foot having been found in a short time after to recede, nature was allowed a time

to operate, and after another hour the child was delivered. Dr. R. adds: "It is noticeable that the strong traction on the leg appeared to bring the head down, and fix it in the superior strait, so that the pains afterwards had a different effect, propelling the head in the axis of the outlet, instead of pressing it against the brim of the pelvis, as at first. The delivery was effected in a way different from what we expected, and may prove instructive to others."

From *Essex County*. In the absence of a special report from this county, Dr. Coles has kindly furnished a summary of the diseases which have prevailed in Newark and its vicinity; to which Dr. Dougherty has added some interesting cases which occurred in his practice. [See *Report* marked F.]

Dr. Coles states: "In the spring, we had more or less scarlet fever, but it was not very general, nor yet very mortal; while most cases were mild and required little medication, there were some, occurring oftentimes in the same family, very malignant, that defied all remedies. So far as my observation went, the sequelæ so commonly incident to this disease, rarely happened in that particular epidemic. Intermittent and remittent fevers prevailed at the same period, extending likewise through the summer and autumn; indeed, we may say through the winter, up to the present time. It is a little remarkable that, during the prevalence of the severe cold of the present winter, we have had in our midst an unusual amount of fever, characterized by distinct remissions, and even intermissions, followed by recurring chills. It would not be safe, however, to affirm, that all cases belonged to the remittent variety; some bore the characters of other classes, as the common continued, and perhaps typhus. Indeed, in a majority of cases, a tendency existed for the disease to take on a typhoid form, and become complicated, with local congestion or inflammation of the brain, bowels, or lungs. Hemorrhage from the bowels has been of very frequent occurrence, both in earlier and later stages of the disease, which sometimes seemed critical and beneficial, at least not injurious; but more often otherwise, even to the extent of being exhausting and fatal. The proportion of deaths has not, I think, been large; but it must be admitted that the cases of fever have been more

numerous here this year than usual, although one form of it, styled ship fever, that occurs mostly among emigrants, has been comparatively rare during the past season. At the same time, I would notice the fact that there have been an unusual number of anomalous cases, marked by nervous symptoms, obscure and singular; in one instance, perfect catalepsy for several hours, followed by tonic spasms; and several times it has occurred that death resulted when there was nothing a short time before to betoken it.

"Through the latter part of summer, including the autumn months, there has been considerable dysentery, under rather a mild form, for the most part, but with some severe cases, nevertheless. While some yielded to anodynes, others seemed to require, or, at least, were evidently benefited by, the use of the lancet, calomel, and opium, anodyne injections, and mild laxatives. Anodynes seemed certainly to do something more than temporarily to relieve pain; they exercised, or appeared to exercise, a marked influence over the fever and inflammation. Perhaps there may have been something peculiar in the character of the epidemic, to which their singular efficacy is to be ascribed."

Dr. Coles concludes his summary by alluding to two cases of strangulated hernia, for which he had operated under very unfavorable circumstances; one of which recovered, the other progressed well for three weeks, so as to be thought really cured. Some imprudence, however, on the part of the patient, brought on a violent colic, attended with obstinate constipation, and the patient died three or four days afterwards. No *post-mortem* examination was allowed.

In the Report of the Standing Committee, presented in May 1850, mention was made of three cases of rupture of the uterus, resulting in death, which had occurred in Newark and its neighborhood. Singularly enough, another case has occurred within a hundred yards of one of the cases before referred to. In these four cases, in *one only* had ergot been given.

Dr. Dougherty reports, 1. A case of scarlet fever in a patient of a hemorrhagic diathesis, who "had from the first high fever, delirium, abundant eruption and ulceration of the throat, which

soon became gangrenous. This continued till the 14th (from the 6th of March), when was superadded a hemorrhage, in the beginning scanty, and from the nostrils, but soon in large quantity, and from every part of the body—from the throat, the lungs, the stomach, the intestines, the uterus, and even those parts of the skin to which blisters and mustard plasters had been applied; this continued without cessation till the 18th, when she died."

2. An interesting case of a fungus growth from the left breast "about the size of a small orange." This growth had arisen during lactation, from a small hard tumor in the breast before confinement, and had been pronounced "cancer" by the "Cancer Doctor," and that of the most malignant character. But under gentle treatment, and the child being weaned, "the fungus began to wither, and in a couple of months from the commencement of the treatment was entirely gone, and replaced by sound skin."

A reproduction of this growth occurred after a subsequent confinement, but was finally entirely reduced.

In commenting on this case, Dr. D. offers some very pertinent and stringent remarks upon the class of quacks styled "Cancer Doctors," and recommends that their ignorance and knavery shall in every case be exposed.

3d. An obstetric case, with convulsions before and after delivery, with excessive shivering on the evening of that day.

Your Committee regret that the limits of this Report will not allow them to enter more fully into the subject-matter of these very interesting reports, which they have much pleasure in laying before and recommending to the society.

A report or memorial has been submitted to your Committee, from the Editor and Publisher of the *New Jersey Medical Reporter*, setting forth the financial affairs and present state of that Journal; its indebtedness to the publisher; its intended enlargement and improvement; and the absolute necessity for an increased interest, by the profession in New Jersey, in furnishing, not only *means*, but *material* for the work, without which it never will be permanently established.

Your Committee are not aware that they can do more than to

recommend a continuance of that energy and perseverance which has been already felt, in an increase of subscribers and extended circulation of the work; and that it is only on great care in the selection of articles for its pages, not only original, but those from other journals, which shall convey instruction and improvement, that the reputation and stability of the work will depend.

Your Committee beg leave to refer the Report to the favorable consideration of the Society, for any action which may be taken upon it.

This being the first meeting under the "Supplement" to the former Act, authorizing the Society to meet in this city, your Committee feel encouraged to congratulate the members on what may be looked upon, or considered, as the commencement of a new era in its history; inasmuch as there have been introduced subjects of much importance, which must of necessity not only occupy attention, but the establishment of which, if decided on, must tend to enhance the character of the Society, and consequently that of the profession in New Jersey. Your Committee particularly allude to the investigations proposed at the last meeting of the Society, and for which committees have been appointed; the *founding and instituting* a benevolent fund, from which the widows and orphans of poor deceased physicians shall obtain relief and pecuniary assistance; and the formation and establishment of a Medical Library, for reference and research; an institution which ought to exist in connection with the State Society, and likely to be attended with peculiar advantage.

The health and lives of the community in which we live, must always be of paramount importance to the members of the medical profession; and whatever shall tend to preserve the one and lengthen the other, necessarily demands their attention. Your Committee cannot but regret that any portion of the people, although they believe that portion to be very small, should have wished, or attempted to admit or allow those who are ignorant and uneducated to practise physic and surgery, to the manifest injury and hazard of the lives of their fellow-citizens; and this, too, when incidents and accidents in neighboring cities have of late occurred so frequently, either through carelessness or ignorance, in prescribing or compounding the prescription given



circumstances which can be obviated only, by raising the qualifications for the student of medicine, and those who shall take upon themselves the compounding of prescriptions, and requiring of all a satisfactory proof of a thorough education.

Your Committee feel confident that, while a proper liberality has been extended to graduates, and those holding diplomas from medical schools of established reputation, the supplement to the Act, passed at the last sitting of the Legislature, has, so far, protected the citizens of New Jersey from being overrun by irregular and ignorant persons, pretending to a knowledge of the healing art; yet if, from any cause, disrepute has fallen upon the profession, it now becomes the duty of the Society, by the combined efforts of its members, to enhance the professional character, and raise it to such an eminence as to regain the public confidence; and show that the knowledge of disease is not to be gained by clairvoyance, or the reading of the stars, nor the treatment to depend on, or be determined by the whirling of a teetotum; but that this is the result of, and only to be attained by, arduous study, attending the lecture-room, and unwearied and patient investigation at the bedside of those laboring under disease.

And while they are aware that no law, however stringent, can put down quackery, or prevent the *suicidal* from dosing themselves with deleterious compounds in the shape of patent medicines, your Committee firmly believe that the onward progress of education, and the enlightenment of the people, will do more to enable them to judge of the ability and merits of the thoroughly educated and scientific physician, in whom they can place their entire confidence, and not only entrust their own lives, but those of their nearest and dearest relatives. It remains, then, with the medical faculty of New Jersey, in the language of your former Committee, to "use more zealous efforts upon our part, for our mutual improvement;" and, we may add, take that stand in the onward progress, which in the present day marks out the course of every intellectual and scientific body.

JAMES PAUL, *Chairman*.  
J. B. MUNN,  
ABRAHAM COLES.

TRENTON, N. J., January 27, 1852.

## A.

ANNUAL MEDICAL REPORT FROM CUMBERLAND  
COUNTY, 1851.

DURING the past year, we have had the ordinary routine of diseases. In winter, affections of the mucous membranes of the air-passages; in summer, of the bowels. We have had much less of diarrhoea and dysentery among adults, than during the two or three previous seasons. Children have almost entirely escaped their epidemic foes, scarlet fever and measles.

But there has been among us one disease which, this year, arose from its usual insignificance and assumed a magnitude and gravity, we believe never before known in this county—we allude to mumps. And upon this epidemic we purpose to make this Report principally turn.

It had its origin among the blacks; hence the vulgar name given it was "black" or "nigger mumps," and this was supposed to account for its unwonted severity. It was not uncommon to hear persons say they "knew the mumps was different this year," therefore they sent for a physician.

The seat of its most extensive operations was Gould-town, a straggling hamlet of mulattoes, numbering about 350 persons, three miles from Bridgeton, the county town. It reminded us strongly of this disease at Geneva and Montpellier, in the years 1848 and 1849, as noticed by MM. Rilliet and Ressiguier.

There had been sporadic cases of mumps among the blacks in another part of the county for nearly a year; and in January, 1851, during a series of religious meetings, it was introduced thoroughly into the settlement, pervading every family.

Out of this population of 350, there were known to have been 210 cases. It generally swept a family, beginning with the parents, if they were never before placed under its specific influence.

In one family there were twelve cases.

Two families had nine cases each.

Three families had eight cases each.

In one family there were four cases, whose ages ranged from one year to thirty-five.

In another, six cases, from eighteen months to forty-five years.

In one family there was a case of an infant nine months old.

In another, an infant of six months. This latter was at the breast, and had not teethed. Two weeks before, the mother had the mumps. This infant and two other children were all attacked the same morning. The infant, much the worse, could scarcely swallow for two or three days. The parotids were swollen, the mother said, to the size of hen's eggs.

In another family, three of its members were attacked, whose ages ranged from twenty years to seventy.

There were known to be more than fourteen cases over thirty years of age, and of these, three were between forty and fifty, and three between fifty and seventy.

In one family of eight cases, whose ages ranged from five to forty years, most were attacked, during the prevalence of the disease, with ophthalmia; but we did not hear of this being usual.

There was not a single instance of mortality, nor was there any thing remarkable in *most* of these cases. But few, comparatively, were seen by a physician. Ordinarily the time of increase was from three or four to six days; disappearance in three or four more. The swelling was generally on both sides, one succeeding the other.

There was one case of metastasis to the brain. A boy of fourteen years of age had his jaws but slightly swollen, and exposed himself. The tumefaction of the gland subsided, and insensibility from coma followed for twenty-four hours. Tongue black, teeth covered with sordes, pulse feeble and quick. After the worst symptoms were over, he rallied very slowly. We believe in this case the parotitis had not yet reached its height. The swelling was never induced to return to the gland.

In January, seven cases of metastasis to the testicle were known to occur. The two eldest were aged thirty and forty-three, and married; the remainder unmarried, and the youngest

aged eighteen. There was great fever in most of these cases, with very severe pain. In one case, a delicate man of forty-three, after having each parotid in succession involved, it passed in like manner to each testis. This patient suffered until June from pains in the thighs and legs.

There was one case of metastasis to the breast, on the same side with the last parotid affected, the left. This patient still suckled her infant. The breast was very hard, and tender to the touch, with some swelling, which, by the application of flannel and camphorated liniment, soon subsided. In another case, a young female, there was metastasis to the bowels.

#### MUMPS, AS THEY APPEARED IN THE COUNTY GENERALLY.

At the April meeting of the Cumberland County Medical Society, eight physicians reported as follows:—

Metastasis to the testis, about seventy-nine cases; atrophy of testis, two cases: one between fifteen and twenty years of age, one testis affected, the other thirty-five. The latter had each testis swollen in succession after the parotitis, accompanied by severe remittent fever and nervous symptoms.

Two females were affected with soreness of the breast, one of them with pain also in the region of the uterus.

There were several cases of metastasis to the brain and bowels.

One case was reported of, what is generally mentioned as a very rare result of parotitis, suppuration. We also saw suppuration follow this disease in a sporadic case, in the year 1847 or 1848. Each broke internally. The patients were probably of families having a scrofulous taint.

The mumps were unusually complicated in most parts of the county. Very frequently there was fever resembling the ordinary bilious remittent. So strong was the epidemic influence of the disease, that while it prevailed manifestly among some members of a family, others, generally young children, would have what some practitioners called "blind" or "undeveloped mumps." In these cases, the patients at the beginning would

feel all the premonitory symptoms of the disease, the jaws a little stiff for a day or two, with sometimes a little swelling, at others none, which soon subsided, followed by soreness over the whole body. The fever was very similar to that accompanying parotitis. It would be curious to know in some of these cases whether they underwent the specific action of the epidemic sufficiently to ward off future attacks.

All cases of metastasis to the testis with which we were acquainted, were looked upon more in the light of succession than of transference. There was not a true change of place in the disease, but the orchitis followed or succeeded after the parotitis had spent itself and was subsiding, having gone the usual time. The swelling of the testis, however, was none the less severe. As far as noticed, the testicle on the same side with the last parotid suffered, and it was generally the right side, when but one testicle was affected.\* This was true also of the breast. In many cases the testicle swelled in a much greater ratio than the parotid. One physician reported that, while the testis was affected, his patients complained much of the back of the neck, in the region of the cerebellum. All the cases were at the age of puberty, or beyond it. We have heard of no instance of its return to the parotid. Nor do we know of any case of metastasis proving fatal except one, a man of forty years, under quack management. This complication of mumps was observed as late as May.

The treatment of the parotid was simple. Flannel alone, or wet with camphorated liniment, perhaps was the general application. But the treatment of the orchitis was diverse. Most practitioners used warm applications in the form of flannel and liniment of some kind, while some used, and they thought with advantage, cooling applications, as acetate of lead in solution. Under this latter plan there was one case of considerable severity where a speedy recovery followed.

The recumbent position and brisk cathartics, with refrigerent medicine to abate the intensity of the fever, and a suspensory bandage to the parts in severe cases, were considered indispen-

\* Since the right testicle, or breast, was generally affected in metastasis, and the corresponding parotid was generally the last attacked, we infer that, in this epidemic, the left parotid was generally the first to swell.

sable. On one occasion, we found a patient applying to the scrotum flannel wet with beef brine, which we were told was a current domestic application.

*Summary.*—From these reports we see that nearly all ages suffered in this epidemic, from the infant of six months to the old man of seventy.

One case of metastasis to the breast. Two others affected with soreness of that gland.

One case of suppuration of the parotid.

Several cases of metastasis to the brain and bowels.

Eighty-six cases of metastasis to the testis, and two of these resulted in atrophy of that organ.

Yours respectfully,

J. BARRON POTTER,

*Reporter.*

Dr. JAMES PAUL,

*Chairman of Committee.*

BRIDGETON, N. J., Sept. 1851.

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B.

REPORT FROM GLOUCESTER COUNTY.

A SEASON of unusual healthfulness in this district has afforded to your Reporter but few subjects of sufficient interest to merit notice or record.

We have not been visited by any epidemic during the past year, nor have our ordinary endemic diseases presented any peculiarity of course or character. There has been much less sickness among us since the departure of the cholera than during any previous period of which I have personal knowledge, though I have been informed by some of our older practitioners here that it was equally healthy after the epidemic of 1832. It would seem as if the agencies which produced the cholera, continued to exercise an influence in modifying the causes of disease, and the susceptibility of the constitution to certain diseases, long



after their first effect, as manifested in that epidemic, had passed away. A similar observation has been made upon the healthfulness of London, since the disappearance of the cholera from that city (*Lancet*, August 1850, p. 205); and Dr. Welister, in commenting upon the data on which the observation was founded, refers to the general fact "that, after the disappearance of a very fatal epidemic, generally speaking, the rate of mortality declines considerably during the subsequent season." He states it as more or less true in relation to "any severe malady;" but I have not remarked it as notably so, excepting in connection with the cholera. Our knowledge of the causes and nature of epidemics is yet too limited to enable us to offer any reasonable conjecture upon the rationale of many of the circumstances connected with them. We can only collect and collate facts for our guidance in practice, until some new discoveries, or some more extensive generalization of our present knowledge, shall make known to us the laws by which these visitations are governed.

Whoever has watched diseases for a term of years, must have felt convinced that there are *constantly* at work agencies, pervading and extensive, so subtle as to be inscrutable by any of our present means of observation, and so powerful as to modify the character of diseases over vast tracts of country, in locations the most different in physical condition, and dissimilar in their meteorological phenomena; and this not merely in causing the outbreak of rushing epidemics, which seem to be caused by some special influence and to be subjected, each one, to laws of its own, but in moulding the type of disease, making it now sthenic, now the contrary; now inflammatory, rapid, and, if left to itself, almost invariably fatal; now mild, and tending, in the great majority of cases, to recovery; at one time implicating the lungs, at another the bowels, and at another the brain; making treatment which was useful last year useless or injurious during the present. And so continually are these influences in operation, that there is hardly an injunction of more consequence to the practising physician than that which directs us to study well "the epidemic constitution of the season."

We have a curious fact in illustration of these remarks in the

present extensive prevalence of a disposition to purulent deposits in the external tissues of the body. These have been so common here for the last few months that a considerable moiety of the community has been afflicted with them. Some have had whitlow; others have been worried with a succession of crops of boils; and abscesses of every variety of form and location have abounded, from those on the eyelid, containing merely a few drops of matter, to immense sacs, in the muscles of the thigh and on the parietes of the abdomen, filled with several ounces. From conversations with other physicians in the neighboring districts, I have learned that this form of disease is by no means limited to our immediate vicinity, but prevails extensively in various sections of this portion of the state. Nor is it confined to this continent alone; both the *Lancet* and *Ranking's Abstract* speak of its prevalence in London. The author of an article upon it in the latter has even dignified it with the name of the "furunculoid epidemic."

These facts are interesting, not so much from any intrinsic importance in the disease itself, as because of their showing the existence of certain agencies, powerful in the production of diseases over large tracts of country, which cannot be explained by any peculiarity of atmosphere or climate, in the ordinary acceptance of those terms, nor by any other appreciable physical condition; for it would be difficult to find two places in which, so far as their hygienic relations are concerned, all these are more dissimilar than the open, flat, alluvial plains of a rural district in New Jersey, and the crowded, foul, and murky streets from which the denizens of the London hospitals are drawn.

We had, during the past summer, a few cases of diarrhoea and dysentery, but not so many as in the previous year. Most of those that we did have were among children, in whom it seems to have taken the place of cholera infantum, of which we have had but very little for the last two or three summers—ever since the season of the cholera; much less than before that time. It has generally prevailed to a considerable extent in the summer, and made a very important item in our bills of mortality; but, during the period referred to, the cases have been few and easily

manageable; while dysentery, in the same class of patients, has been both more frequent and more mortal.

Our autumnal fevers have been almost all of the intermittent type, readily curable by the use of quinia. In simple cases of ague, without any febrile or inflammatory complication, I often employ, on account of their cheapness (a matter of considerable importance to country practitioners, who have to furnish drugs to a large number of patients), other preparations of cinchona, which are equally efficient, and not more than one-half as expensive as the quinia. That to which I most usually resort, is a mixture of a tablespoonful of powdered barks and a teaspoonful of black pepper. The mixture to be divided into four powders, one of which is to be taken every two hours, commencing eight hours before the chill is expected. This will generally arrest the paroxysms. It is the most efficient combination of cinchona with which I am acquainted, and has as another advantage, that many who, from certain prejudices against the use of quinia, common in our community, object to taking it, will very willingly use the barks in this manner. When a neglected intermittent has assumed the continued form, a termination by no means unfrequent in that portion of the district which borders on the river (which is our fever region), it is generally tedious in its progress, but favorable in the result, requiring little more than a watchful expectant treatment, with an attention to any unfavorable symptoms which may occur.

The subject of foreign bodies, accidentally intruded into the different passages, is one of considerable interest. Two cases have fallen under my notice during the year, which may be worth narrating. One was a little girl, who had drawn a grain of corn into the larynx by a sudden laugh while the corn was in her mouth. When first visited, it had been ten days in the bronchus. For the first two or three days after the accident, she had experienced little or no inconvenience; there was no spasm; no suffocative cough; no paroxysms of dyspnoea. After this time, cough and expectoration came on, and about the eighth day fever was developed.

On examination, the respiration of the left lung was found to be very loud and puerile. The front of the right lung emitted

no sound of respiration, while the back portion of the same lung gave a faint vesicular murmur, mingled with sounds of rhonchus and crepitation. There was very little doubt of the nature of the case, and the position of the corn in the right bronchus, and an operation was suggested to the parents, who declined acceding to it, more especially as we informed them that, from the position in which it probably was, and its immobility, it was doubtful whether we should be able to find it. The inflammation increased rapidly, and a fatal result was feared from this cause, when, on the twenty-first day after the accident, during a very violent and nearly fatal paroxysm of suffocative cough, the corn was ejected. The inflammation continued for several days longer, when the patient began to convalesce.

The other case was a child, who had thrust a small, smooth, pearl button up one of the nostrils. This kind of accident, though not so fatal as the intrusion of foreign bodies into the larynx, is sometimes very puzzling; it being by no means so easy to introduce a probe or forceps into the nostril of a struggling child, and draw out the offending substance, as the very concise statement of the books would lead one to expect. I have been in the habit of expelling them by a process which I learned from Dr. C. Garrison, and which is generally very effectual. It is to place a finger on the side of the free nostril, and, by pressing it against the septum, entirely close this nostril. Then apply the mouth to the mouth of the child (usually screaming lustily), and blow strongly. The natural tendency of the air is to return through the nostrils; and, unless the foreign body is very firmly impacted, the pressure of the column of air from behind will impel it downwards, either entirely out, or where it can be easily seized by a pair of forceps. A few repetitions will often succeed when the first has proved ineffectual. This plan, as well as the forceps and probe, were tried in the present case, but did not answer the desired purpose; the peculiar shape of the button rendering it equally unfavorable either for the action of the air, or the instruments; so that it was perforce left behind. But, on calling a few weeks afterwards, the parents informed me that it had been discharged a few days before at stool. It

must have been forced, by the efforts of inspiration, probably during sleep, through the posterior nares, and swallowed.

J. F. GARRISON,

*Reporter for the Gloucester District.*

To JAMES PAUL, M. D., *Chairman of Standing Committee.*

SWEDSBORO', GLOUCESTER CO.

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C.

REPORT FROM MERCER COUNTY.

IN my report I shall first notice the measles as they occurred, during the spring months of the present year, in a portion of our county. The epidemic was pretty severe, many of the cases being of a very malignant character. The symptoms in some of the cases assumed ataxic or adynamic characters, which gave to them the features of the typhoid type of disease. In some cases these symptoms made their appearance in an early stage, but in others they did not appear until the eruptive stage was reached. These cases were marked by frequency and feebleness of pulse, by prostration, by unusual dyspnoea and oppression, and particularly by greater violence of the nervous symptoms, as delirium, stupor, &c. The eruption made its appearance slowly, and came out imperfectly or irregularly, and frequently assumed a livid or purplish color. This form of the disease required treatment by stimulants and tonics, such as wine, brandy, ammonia, &c. In the cases which were attended by severe nervous symptoms, camphor and opium were found useful. When local inflammations occurred, they were treated by cups or leeches, or the milder counter-irritants, as oil of turpentine, or ammonia. General bloodletting was not well borne. The diet prescribed was nutritious and digestible, such as milk and bread, light broths, beef tea, &c. A number of cases had a fatal termination. The causes of death were exhaustion, or congestion of the brain or lungs.

Dysentery has prevailed to a considerable extent, during the summer and autumn, throughout our district, though in the neighborhood of Trenton the majority of the cases have been of a mild character. The disease was marked by absence of tenesmus in many cases. In regard to the treatment of this disease, different plans have been pursued by different practitioners. While some, without using any of the preparations of mercury, have resorted almost immediately to the use of astringents, others have employed alteratives alone or combined with astringents. The friends of each speak highly of their respective plans of treatment. In the cases which came under my own notice, alteratives and astringents were used. Though I have tried both methods abovementioned, the latter seemed to me to be attended by the best results.

In the absence of anything of greater interest, I will bring to your notice a case of scirrhus disease of the liver, as observed by myself in the case of a Dutchman, aged about seventy years. When he first came under notice he was sick with dysentery, from which he recovered under treatment. After the dysenteric symptoms were removed, he did not seem to recover strength, and it was found very difficult to regulate the bowels. He used tonics, and a good diet was also ordered. He soon began to complain of a dull heavy pain in the right side, in the hypochondriac region. Upon examination of this region, the liver was felt distinctly enlarged, extending for two or three inches below the false ribs. Its surface was also felt to be uneven. He had considerable dyspnoea, and some cough, for which no disease of the lungs could be detected. His complexion was of a dirty straw color. No treatment seemed to be of any avail. He continued gradually to grow worse until the 14th of August, when he expired. (He came under treatment about the 5th of July.) A post-mortem examination was held some hours after death. Upon opening the body and inspecting the liver, it was found to be almost one mass of scirrhous disease. The right lobe, in particular, was very much diseased, and enlarged, and pressing upwards against the diaphragm so as seriously to interfere with the action of that muscle in respi-



ration. It was supposed that the liver would weigh as much as ten pounds. The lungs were found free from disease.

WM. W. L. PHILLIPS,

*Reporter for Mercer District.*

To JAS. PAUL, M. D.

*Chairman, &c.*

TRENTON, Dec. 1851.

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D.

REPORT FROM HUNTERDON COUNTY.

IN many portions of the county of Hunterdon there has prevailed an epidemic, typhoid dysentery, which commenced about the first of August last, and terminated some time in November. In several sections the disease was unusually fatal, the majority of cases terminating unfavorably; whilst in other parts of the county, where the epidemic seemed to be as extensive, and the cases as violent, the number of fatal cases did not exceed that of any ordinary disease. I can only account for this, from the fact of the difference in therapeutic principles entertained by the various practitioners. I have endeavored to collect all the information I could relative to the character and treatment, which, with my own limited experience and observations, I respectfully offer to the consideration of the Committee.

It was observed by nearly all the practitioners in the early part of the prevalence of the epidemic, that the characteristic phenomena of inflammatory action were absent, and bleeding and other antiphlogistic remedies contraindicated. It was also observed that there was less tenderness of the abdomen, and more tympanitis than is usually present in ordinary dysentery. The pulse was often feeble, and in many cases there was a disposition to sink from the commencement; there were frequent evacuations, consisting of mucus, mixed with blood, and, in many cases, they were nearly all blood. Tormina and tenesmus were seldom, if ever absent, and the tongue was usually coated with a light fur-

which soon became dry, cracked, and brown. If the disease was not checked, very frequently the patient would die in three or four days, from exhaustion.

The most successful treatment, so far as I can learn, and from my own limited experience, consisted generally, in the first stage, of the use of a dose of calomel, five to ten grains, combined with opii. pulv. Doveri, or sulp. morp., followed in a few hours with,  $\zeta$ ss. ol. ricini, and twenty to thirty drops of tinct. opii. Small doses of calomel, *free* doses of opium (as much as the system would bear) would then be given every two, three, or four hours, until the gums were slightly affected, when the calomel would be omitted. Wherever a slight mercurial impression was made, the patients generally recovered. Anodyne enemata, composed of starch and laudanum, and wherever there were indications of ulceration of the colon, injections of a solution of argent. nit. were used with good effects. Emollient poultices to the abdomen always afforded relief to the patient. A bland *nutritious* diet I considered of importance, and, soon after the operation of the ol. ricini, I usually gave milk, recently drawn from the cow, in small quantities, and repeated as frequently as circumstances would admit. When sinking occurred, Hope's mixture, or the chloroform mixture, &c., of Dr. Parrish, with or without sulp. quin., according to the indications, was all sufficient. In a few instances, where the prostration was greater, in addition to the above, essence of beef, wine whey, and carb. ammon. in julep, were resorted to successfully. It was observed, by several practitioners, that astringents rarely, if at all, produced any good effects.

Whenever the above principle of treatment was adopted, the patients generally recovered. In my own practice, out of twenty-six cases, two were fatal, and these were young children, and the cases became complicated with disease of the brain. In one of the infected districts, the cases were treated by a Homœopathist, and the majority of his patients died.

In another infected district, the practitioner had been successful, years ago, in an epidemic of ordinary dysentery, with the creta ppt., administered *ad infinitum*; and, pursuing the same treatment in this epidemic, he lost a large majority of his cases.

There is one circumstance in connection with this epidemic, to which I would call the attention of the Committee, and through them the profession, and that is: how far the protracted dry weather may have been instrumental in producing the disease. In the months of April and May, it was unusually wet, the ground being saturated with water on the first of June. In the months of June, July, and August, we had very little rain, only an occasional light shower. About the middle of August, the epidemic commenced, and continued for nearly three months, during which time we had very little rain, the ground being more dry, and water more scarce, than had been known for nearly thirty years previous. About the 20th of October, we had a general rain, and soon after the disease began to subside, and disappeared about the middle of November. During this period, there have been more deaths, in proportion to the number of cases, than has ever before been known in the county of Hunterdon. From nearly every part of the United States, we learn that dry weather has prevailed, and it is a fact, also, that typhoid dysentery has prevailed to a greater extent than is usual in this country, and I therefore call the attention of the Committee to this subject, so that future observations may determine how far a severe drought may be instrumental in producing typhoid dysentery.

In several parts of the county, typhoid or enteric fever has prevailed to a considerable extent, and in sixteen cases that I have seen, they nearly all commenced with dysenteric evacuations. The limits of this communication will not permit me to detail many interesting cases that have occurred; and as I desire to give you an extract from a communication I have received from Dr. William Johnson, a member of our County Medical Society, and one of the oldest and most successful practitioners we have, and who resides in one of the infected districts, I could not lengthen this report without curtailing the extract from Dr. Johnson's letter, which I have no wish to do, particularly as most of his experience coincides with my own.

"A characteristic feature of the disease of 1851 was a strong predilection to expend its forces on the mucous membranes. Acute bronchitis, with unusual vascular disturbance, was promi-

nent in the diseases of the spring; and dysentery and diarrhoea were the dominant diseases of summer and autumn. The very extensive spread of dysentery entitled it to the rank of epidemic, and the unusual mortality attending its visitation will long be remembered in the length and breadth of the land. The complication of dysentery with typhoid fever was a very frequent occurrence, and in these cases I have not the least doubt of its contagious character. In a very considerable number of cases the tongue, after a few days' sickness, presented the dry, brown centre of typhus. In these cases, the pulse was small, weak, and frequent; the hands and feet often below the natural temperature; some mental aberration was often to be detected, although the discharges from the bowels were very frequent, mucous, bloody, with tenesmus (but sometimes without); there was not much abdominal pain, or tenderness upon pressure.

"There were exceptions to this condition of things, it is true; but, from my own observations, I think it was a striking feature, in the dysentery of this season, that there was less pain and abdominal tenderness than usual. In several instances, the cases terminated fatally in four or five days; such cases of extreme severity I witnessed myself in but two instances.

There was one circumstance in the visitation of this epidemic worthy of record; I allude to the very frequent occurrence of rheumatism as one of its sequelæ. These cases, as far as I can trace them, occurred in persons who had not been subjected in any degree to *mercurial* treatment. A worthy member of our society (Dr. Honeyman) was one of the subjects of this secondary visitation.

"In the treatment of this, as well as in all other diseases, I was governed in some measure by the date of its attack, and the nature of existing symptoms. As a general rule, I gave calomel and opium. The calomel, in a dose of from five to ten grains, to remove the congested state of the bowels and portal system, and then in doses of two grains every four hours combined with half a grain of opium. In about forty-eight hours, the gums would become puffy, and other indications of a mercurial impression be evidenced. Should it occur sooner or later, I discontinued the calomel and used Dover's powders, in doses from

five to ten grains every four hours; or gave one grain of opium in place of the Doveri. If I had any reason to suspect that the opium pill passed unchanged through the alimentary canal, I substituted pulv. opii in the same doses. Between every dose of the anodyne, I gave small doses of the bicarb. soda gr. iij. ad. v. This article, when used some days, I occasionally found to purge too much, and then discontinued it. The opium was used throughout the whole treatment in some form, sometimes combined with plumb. acetat., sometimes with nit. argent., and sometimes with tannin. An early mercurial impression placed the patient in a state of safety. I did not attempt it in the advanced stages of the disease, and many cases forbade the continued use of mercury, such as advanced age, childhood, and in the case of delicate females. I was in these cases fearful of caries of the jaw bone. In a few instances, where there was fixed abdominal pains and tenderness upon pressure, I used epispastics with advantage; fomentations, and the application of a large bread and milk poultice to the whole of the abdomen, often appeared beneficial. Retention of urine sometimes required the semicupium; but, in fact, in a great many cases not thus complicated, this resource seemed eminently serviceable. But one case required catheterismus. Injections of opium with plumb. acetat. and nit. argent. were often extremely beneficial. In the typhoid cases, the aq. camphora, or Hope's mixture, and julep ammonia were used, and I have seldom seen a recovery where more active stimulants were employed, such as alcoholic articles. This has been my experience and that of my son; and I think I may, without charge of egotism, say that our success in the management of the disease will bear comparison with that of the physicians around us. I have for many years entertained the opinion that too active purgation was injurious in dysentery. I have of late years seldom purged the patient with more than one or two sufficient doses of calomel or castor oil. I have, sometimes, in the advanced stages of the disease, given a single teaspoonful of castor oil with a good effect.

"I endorse pretty fully the views of Dr. Parrish, that epidemic dysentery is more of a congestive than of an inflammatory character. Moderate purgation relieves the congested condition of

the bowels and portal system, and opium, by its soothing, obtunding, diaphoretic powers, aided when proper by mercury, restores the healthy condition of the parts.

"Conformably to these views, I have not subjected my patient to so rigid a diet as has been advised by those who consider the disease as altogether inflammatory. In its early stage, when there is much fever and heat of surface, I order a light vegetable diet, but when these conditions do not obtain, I let the patients have weak animal broths, but always prohibit solid food. I also forbid my patients taking any kind of food that will produce irritation of the intestinal mucous membrane; and consequently forbid too much food of any kind being taken at a time, as bulk alone will produce irritation.

"A considerable number of cases of typhoid, congestive, or perhaps more properly enteric fever, fell under my observation. They presented nothing special, but exhibited that general assemblage of symptoms so ably portrayed by the illustrious professor of medicine in the University of Pennsylvania. A few cases terminated within the fortnight, many ran on to the 17th, 20th, and even 30th days, and some still longer. In all these cases there was bilious diarrhœa; some times six, eight, or more large evacuations daily. In the nature of the alvine discharges, you perceive that my cases differed from Dr. Wood's. He states that the attendant diarrhœa of enteric fever differs in no respect from healthy evacuations, except in being more liquid; but in EVERY CASE seen by me, this season, they were black or dark green, and were evidently bilious. In fact, in many of the diseases of this season, the liver was urged on to inordinate action, particularly in typhoid dysentery. The tongue was generally brown and dry after a few days' continuance of the disease; in some cases, almost from the commencement, the tongue had a dark streak through its centre, although moist. The pulse in males ranged from seventy to ninety, or ninety-six; in females often more frequent. In one of my cases the pulse stood at eighty-five, and was so full, and the face so flushed, and the headache so distressing, that I was strongly tempted to use the lancet, but the dry, brown list in the middle of the tongue, the



bilious diarrhœa and tympanitic abdomen, deterred me from this measure.

"This case terminated favorably under the use of spt. eth. nit., chlorine mixture, blue mass, tannin, &c. Had the case terminated unfavorably, I should have blamed myself for being influenced too much by the name of a disease, and withholding the lancet; as it was, I feel satisfied of the correctness of my practice. This patient was a plethoric young man, but of weak muscular power. The peculiar characteristic eruption I observed in a number of cases of this disease; it was not invariably present. In a fatal case, these eruptions were numerous about the neck. This case terminated by perforation of the intestines (the abdomen was very tympanitic); but I did not verify this conclusion by a post-mortem examination.

"The disposition of the bowels to be acted upon inordinately by small doses of cathartic medicine was very frequently manifested. In one instance in particular, where I saw the patient for the first time after the disease had been of several days' standing, with dry, brown tongue and other symptoms of enteric fever, and where I wished to bring about a slight mercurial impression, two grains of calomel produced such violent hypercatharsis, that I had to desist from the further use of this mineral. This case is now convalescing after a course of about three weeks. I had to give Dover's powder and tannin daily to keep in bounds the diarrhœa. As Dr. Wood observes, it was often very difficult to fix a date to the commencement of the disease; its development was so very gradual, and spread over so many days. The disease in the bulk of cases ran through a period of three weeks, in some cases much longer.

"In the treatment of this disease I was governed by the state of the symptoms; in general, my treatment corresponded with that of Dr. Wood, as laid down in his Practice of Medicine. The saline powders of Stevens, with spt. eth. nit., and aq. camph., combined with serpentaria, were favorite articles with me. I am also persuaded I gave the chlorine mixture with very good effect; this article sometimes purged, and I then had to discontinue it. It did not agree where there was much pectoral disease; where there was much catarrhal affection I avoided

it. The saline powders of Stevens, but in much smaller doses than those administered by him, I found answer, perhaps as well as mercury, in restoring salivary and mucous secretion, and in cleaning of the tongue. I gave the preparation in doses of one-fourth or one-sixth of those advised by him. My reason for reducing the dose was the fear that larger quantities would disturb the bowels.

"In mild cases I could produce a mercurial impression, and they rapidly recovered; perhaps they would have done so under a less energetic treatment. In grave cases I could not affect the mouth, but perhaps the mercury may have done good by its alterative medication. I used the *ol. terebinth.* in but a few cases, and in them not long, as the patients refused to take it. The *acetatis plumbi*, combined with opium, was evidently advantageous in some instances. Wine whey and brandy were seldom indicated; from the julep of ammonia very good results were obtained. I did not once use the lancet.

"I might, perhaps, detail some interesting surgical cases, but the limits of this communication will not admit of it. I shall briefly give you the outlines of a case of concussion of the brain. The patient, a boy eight years of age; cause, thrown from a horse; the system did not react in from twenty to twenty-five hours. Stupor profound; cold applications to head; sinapisms to the legs; venesection and purging after reaction; venesection and purging repeated; cupping head repeatedly; tart. antim. in nauseating doses; rigid diet; inflammation of the brain took place; coma for eight or ten days; final recovery. I mention this case merely to show the importance of resisting the importunities of friends to use the lancet too early, before reaction takes place, and to show the astonishing recuperative powers of the system. For a week, I thought this boy not much better than dead.

"In the practice of midwifery, three cases requiring instrumental aid have occurred since March last. Two of them were forceps cases, and terminated favorably for both mothers and children. One case of evisceration of the child, in a shoulder-presentation, where the waters were drained off so long as to render turning impossible, fell under my care. The operation

was performed in the usual manner, and the mother very rapidly recovered.

"This is the only case of the kind I have ever witnessed in a practice of forty years. I have in this time had a number of cases of shoulder-presentation, but have never found any very great difficulty before in getting at the feet of the child and turning. In one instance I effected turning after the waters had been drained off nine hours; I was called in second. About three or four women, since my settlement, have been lost in the hands of the practitioners around me, in circumstances similar to this; none of these cases did I myself see."

As regards violations of the medical laws of the State in the county, I can add but little to the report made by my predecessor to the last Standing Committee. It is a lamentable fact that quackery should prevail to so great an extent as it does throughout the State, and Hunterdon County is not exempt from its baleful influence, but my impression is that it is subsiding. It gives me pleasure to state that the District Society for the county is in a flourishing condition; and, although it is opposed by some influential members of our profession, its course is onward. The meetings are well attended; the interest increases, and members are added at each session. Other topics might be added to this report, but its great length forbids.

Very respectfully submitted,

GEORGE P. REX,

*Reporter for Hunterdon Co.*

TO JAS. PAUL, M. D.,

*Chairman, &c.*

REAVILLE, Dec. 16, 1851.

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E.

REPORT FROM PASSAIC COUNTY.

DURING the spring of 1851 the disease that occupied the most of our attention was scarlet fever. The eruptive stage of

the disease was generally mild, although a few malignant cases occurred, with gangrene of the throat, &c.; but in almost every case, about a fortnight after the eruption began to fade, there suddenly set in that affection of the kidneys, characterized by a greatly diminished secretion, amounting almost to suppression, and attended with that marked change in the color of the urine, which is, I believe, peculiar to this disease. I have seen cases where it was as dark as ink, and where I could not satisfy myself that it was really urine until I had made the strictest inquiry. This suppression was not always preceded, nor yet attended, at first, by either anasarca or local dropsy, though this always soon followed. The cases most dangerous and difficult to treat were those attended with hydrothorax, and symptoms of this affection were often those that first attracted attention. In former epidemics of scarlatina, I have had but little difficulty in managing the consecutive suppression of urine and anasarca. I almost invariably succeeded with a compound of squills, sup. tart. potass., and sulph. potass., according to the formula found in Eberle's Practice; but in this epidemic, this, as well as all other forms of diuretics, not only often failed, but seemed to aggravate symptoms, causing frequent, painful, and ineffectual efforts to pass urine. What, after some experience, I found the best practice, was to apply a number of leeches over the region of the kidneys, followed by warm poultices, and, if the case proved obstinate, a blister followed by poultices again; to give in the early stage, calomel, and when the disease became more asthenic, administer squills, and the more stimulating diuretics. A number of the cases of hydrothorax were accompanied with symptoms of pleurisy, and were benefited by a blister. Some terminated in disease of the lungs, the little patient pining away with cough and hectic fever. The most of these were children from two to four or five years of age.

There succeeded to scarlet fever a healthy season, extending through the early part of summer, the chief cases occurring being mild intermittents; but, during the latter part of summer and autumn, remittent fever became quite prevalent, much more so than for several years previous. There were some cases which scarcely exhibited any tendency to intermission; a thing

which did not occur in the two years preceding. Pure remittent seemed to do best under an expectant plan of treatment, watching, however, against local, congestive, or inflammatory complications, of which the lungs were the most frequent seat. Under such circumstances venesection gave the speediest relief, after which a blister, or in some cases a warm bran poultice, was very useful.

Some cases of what appeared to be mild intermittent fever, with some degree of pulmonary disease, came to my knowledge, when the symptoms of local disease were not sufficiently attended to, and the patient died with all the evidences of suppuration; which I believe might have been saved by timely bleeding and counter-irritation.

During the winter, thus far, inflammatory affections have prevailed; the mildest cases of which, from their tendency to prove protracted, did best when they were treated with venesection from the start. In a number of instances I had occasion to regret that I did not employ it at my first visit, the use of milder means only serving to make the case more lingering. I believe the influence of the various popular new notions, such as Homœopathy, and Hydropathy, sometimes even restrain the regular physician, who has no faith in such delusions, from the free and full discharge of his duty: that decisive conduct which is needed to check diseases of an inflammatory nature. During the past year a number of pulmonary cases have come to my knowledge, where the cold water treatment, in the early stage, appeared to serve the purpose of fixing and confirming the disease. The public certainly need to be warned against the use of the cold bath, and the wet sheet, in cases where there is a tendency to pulmonary disease.—I have had one or two obstetric cases that may be interesting. I attended a very healthy young woman in her first confinement. The labor proceeded in all respects naturally, and terminated at the end of about twelve hours of moderate pains. While delivering the placenta, the nurse was directed to make friction over the uterus, at the same time that I made moderate traction with the cord, and the patient made a straining effort in connection with the occurrence of a pain. After a few minutes the placenta came down, appa-

rently expelled by the action of the uterus as usual. Proceeding to gather up the membranes in my hand, and draw them gently away, I found they did not come as usual upon traction, and, passing my hand into the vagina, I discovered, to my great surprise, what I knew at once to be the fundus of the uterus low down near the vulva. I confirmed my diagnosis by an examination above the pubis; a portion of the membranes was involved with the uterus, and so held back. At this period nothing in complaints, or the appearance of the patient, indicated that anything unusual had happened. Without loss of time, while I had the fingers of my left hand in the vagina, and the right examining above the pubis, I grasped the fundus uteri and pushed it up, and then made steady pressure, with fingers in a conical form, upon its centre, and, much to my delight, yielding before the pressure, it passed through the mouth of the womb back to its proper position, and I could feel with my right hand, through the abdominal parietes, that portion connected with the neck descending to its own place. Although, as I said, the patient kept her color, and gave no sign of anything wrong at the time the inversion occurred, as soon as I attempted to return it she fainted, and continued in that state for a few minutes. She was as comfortable as usual afterwards, and had a speedy and good getting up. This case makes me believe that inversion may sometimes take place by the action of the uterus itself, without any undue force being used in the delivery of the placenta. It may be that the nurse made an improper amount of downward pressure while making friction over the uterus, but certain it is I employed myself nothing more than the most gentle traction. I am not unaware that a flaccid and inactive condition of the uterus favors an inversion, and under such circumstances a comparatively slight force may induce it; but I do not think this was the cause here.

On the 17th April, about 2 o'clock A. M., I was called to see a colored woman whom I had attended in several previous confinements, which were easy. She had been in labor several hours, with pretty strong pains, when I arrived. Upon making an examination I found the head presenting, and with it a foot well in advance of the head. I at first endeavored to return the foot, but was un-



successful. The head making no progress, and the pains being strong, I sought in the next place to turn; but, though I was able to bring the foot quite low down, the head remained fixed at the brim of the pelvis, refusing to recede. Three or four hours having been consumed in these attempts; I called Dr. Weller to my assistance, hoping that, by passing a tape around the ankle of the presenting leg, and one making steady traction, while the other pushed up the head, the evolution might be effected. Finding we accomplished nothing, and discovering at length that the head, instead of receding, showed a disposition to advance, we desisted from our efforts, leaving the case awhile to nature. Making an examination after a little, we found the foot had receded somewhat, and, after an hour more of strong pains, a still-born child was delivered, of the usual size. The case in other respects did well. It is noticeable that the strong traction on the leg appeared to bring the head down and fix it in the superior strait, so that the pains afterwards had a different effect, propelling the head in the axis of the outlet instead of pressing it against the brim of the pelvis, as at first. The delivery was effected in a way different from what we expected, and may prove instructive to others.

ALEX. W. ROGERS.

To JAS. PAUL, M. D., *Chairman, &c.*

PATERSON, N. J., Dec. 1851.

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F.

ESSEX COUNTY, DR. DOUGHERTY'S CASES.

Miss P., aged sixteen, was attacked with scarlet fever about the 6th of March, 1851. She was the eldest of a family of seven children, all of whom labored under the disease at the same time with her.

In every case except hers, however, it was remarkably mild, being accompanied with scarcely any sore throat, although the eruption was profuse and characteristic. Miss P. had, from the first, high fever, delirium, abundant eruption and ulceration of

the throat, which soon became gangrenous. This condition continued till the 14th, when was superadded a hemorrhage, in the beginning scanty, and from the nostrils, but soon in large quantity and from every part of the body; from the throat, the lungs, the stomach, the intestines, the uterus, and even those parts of the skin to which blisters and mustard plasters had been applied. This continued without cessation till the 18th, when she died, to all appearance chiefly from the loss of blood. The treatment consisted mainly in the following prescription, which Watson highly recommends, viz :—

R.—Chlorat. potass,           3ii;  
       Acid. hydrochlor.,  
       Aq. destillat.,       aa fʒii.

To be kept in a dark place.

Take two drachms of this, and mix with a pint of distilled water, of which a tablespoonful or two is a dose.

As a local application to the ulceration of the throat, I used a solution of nitrate of silver; ten grains to the ounce. In addition to these means, I of course was careful to keep the bowels free.

The other children required and received almost no treatment whatever. If then they had been under homœopathic care, what a strong argument in the minds of the people at large their recovery would have furnished in behalf of infinitesimalism.

CASE II.—Mrs. D., æt. 26, nursing a child three months old, came under my care during the latter part of the year 1850, with a fungous growth from the left breast about the size of a small orange. She stated that some time before her confinement she had noticed a hard tumor in the organ, which, as it never caused her any uneasiness, she had neglected. When lactation commenced, it became, together with the whole breast, swollen and painful until it broke, as she thought, when it shot forth a fungus which, in spite of all the remedies applied, had continued to increase until the time of my seeing it. Wallace, somewhat notorious in this vicinity as a “cancer doctor,” had pronounced it “a tumor cancer” of the most malignant form, and, after endeavoring in vain during some weeks to check it, had finally abandoned it as incurable, and consigned the patient to a speedy

death. As the woman's appearance was good, not in the least cachectic, and the growth although rapid and unsightly was not h morrhagic, I pronounced the tumor benignant; but to fortify that opinion, took up my friend Dr. Coles, who coincided in it. I ought to state that she did not nurse on that side; but, when the other breast was nursed from, milk flowed freely from all parts of the tumor. This showed that the lactiferous part of the breast was involved in, if it did not wholly constitute, the growth.

Our opinion not being entirely satisfactory to the patient after the decided death-warrant pronounced by the quack, she went to consult the surgeons of the New York Hospital, who stated, as we had done, that the disease was not malignant, but recommended an operation for the removal of it. To this she would not consent, and concluded to place herself again under my hands.

I applied for some time what Tuson, in his work on the female breast, terms chloride of carbon; made by mingling together three or four parts of alcohol, and one of the chloride or oxide of calcium, and collecting in a cooled receiver. A drachm of this was diluted with a pint of water, and kept constantly to the growth by means of lint dipped in it and covered with oiled silk. Afterwards I used dilute red precipitate ointment; but nothing seemed to do much good until she was ordered to wean her child, when the fungus began to wither, and in a couple of months from the commencement of the treatment was entirely gone and replaced by sound skin.

In less than a year afterwards I attended her in confinement, when she was threatened with a reproduction of it in consequence of lactation. The swelling of the breast, however, subsided under the use of this lotion:—

R.—Ammoniz muriat., ʒiiss;  
Spts. vin., fʒvi. M.

To be kept constantly applied by means of lint and oiled silk.

I saw her on the 15th of January inst., and found the breast healthy, with no disposition to a return of the disease. The skin over its site is discolored, and a somewhat resisting lump about the size of a hickory-nut still remains. There is a free and con-

stant flow of milk from the nipple, though she does not nurse from it, owing to a congenital malformation.

In closing the report of this case, I cannot forego the opportunity to remark on the incapacity and dishonesty of pretended cancer curers. In the course of my practice, I have known several genuine cases of cancer to pass into the hands of such men. In not one instance did the quack fail to promise liberally, and to extract money largely, or the patient to die miserably. Be it observed, too, that all is fish that comes to their net; every tumor or ulcer, of whatever sort, is conveniently classed as cancer, and if removed by their escharotics, which it well may be, is made to do service in the long catalogue of cures wrought without operation. Thus, a man asked my opinion relative to an encysted tumor about the face, stating that the cancer doctor before mentioned had claimed it as an example of disease in his line, and offered to cure it for \$50, half down, and the balance after the cure should be effected.

Such instances of ignorance, or more properly knavery, are by no means rare; and if each member of the profession would furnish for publication those which have come under his cognizance, the list might shake, if it could not destroy, the implicit faith of the public in the "cancer doctor's" advertised cures.

CASE III.—January, 19th inst., at 4 A. M., I was called to attend Mrs. T., primipara, whom I had seen and bled four days previously for violent epileptic convulsions. The venesection, together with active purging, had arrested the convulsions and relieved the severe headache connected with them, and there seemed no reason to anticipate a recurrence of the disease. When I saw her on the 19th, she had been in labor about twenty hours, the membranes had given way two hours before, the mouth of the womb was dilated to the size of a dollar, and the head presented about two inches from the os externum. The pains were weak and at considerable intervals, but the head continued gradually to advance till it reached the perineum, and everything promised a speedy termination of the labor by the natural powers, when suddenly I was summoned from the adjoining room by the announcement that she had a fit. As soon as they could be procured, I applied the short forceps, and in a few minutes

delivered her of a living female child. She had rather alarming hemorrhage after the expulsion of the placenta, although great care was taken to have the womb well contracted. This was checked at length by grasping the organ, with one hand dipped in cold water, and with the other compressing the abdominal aorta.

She was hardly bandaged when the fit returned, but not so severe or protracted as before; and considering it due perhaps to the loss of blood indicated by pallor of the lips and face, and extreme feebleness and frequency of the pulse, I gave her brandy and water as soon as she could swallow.

In addition, I left the following prescriptions:—

R.—Ext. hyoscyami optim.,  
Gum camphor, aa gr. xii;

Divide in pill, number vi., one to be taken every two or three hours.

R.—Rad. valerian,  $\overline{3}$ ss.

Infuse in a pint of boiling water, and give two tablespoonfuls every half hour.

Of course, cold was kept to the head, mustard to the arms and legs, and hot bottles to the feet. Under this plan, she soon recovered consciousness. On calling at 9 P. M., I learned that she had shivered excessively about two hours before, and was supposed to have had a slight fit.

The pulse 140, small and soft; no disturbance of the sensorium; put a blister to the back of the neck.

January 20th, A. M. Better. Pulse 100. Is likely to do well.

A. N. DOUGHERTY.

NEWARK, January 20, 1852.

infected part of a living female child. She had rather strong  
and somewhat after the expiration of the placenta, although  
great care was taken to prevent any well contained. This  
was checked at length by keeping the organ with one hand  
clipped in cold water, and with the other compressing the abdominal  
wall.

She was hardly conscious when the fit returned, but not so  
as to be protected as before; and considering it was perhaps  
to the loss of blood induced by failure of the placenta, and  
extreme debility and frequency of the pulse, I gave her brandy  
and wine as soon as she could swallow.

In addition, I sent the following prescriptions:

R—Elix. hydragoricum, ʒss.  
Syr. Simp. ʒss.

Twice in 24 hours, or as often as it may be necessary.

R—Elix. hydragoricum, ʒss.

Twice in 24 hours, or as often as it may be necessary.

Twice in 24 hours, or as often as it may be necessary.

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**CATALOGUE**  
**OF**  
**DRUGS, PHARMACEUTICAL PREPARATIONS,**  
**AND**  
**MEDICINAL WARES,**  
**OFFERED TO PHYSICIANS**  
**BY**  
**BULLOCK & CRENSHAW,**  
**(SUCCESSORS TO SMITH & HODGSON,)**  
**DRUGGISTS AND MANUFACTURING CHEMISTS,**  
**N. E. CORNER OF ARCH AND SIXTH STREETS,**  
**PHILADELPHIA.**

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**APRIL 1, 1852.**

## PREFACE.

Since issuing the former edition of their catalogue, one of the Subscribers has been to Europe, and made more complete arrangements for importing; physicians may rely upon getting foreign drugs fresh and of the best quality; our arrangements are such that we are enabled to supply all the new preparations as they are presented to the notice of the profession. Connected with our establishment we have a laboratory in which our pharmaceutical preparations are made, under our own superintendence, and in strict accordance with the U. S. Pharmacopœia, and our powders are prepared from articles which have been carefully selected by ourselves.

In the list of medicinal wares will be found the prices of glass stoppered bottles, which, by importing, we are enabled to sell at low rates. These bottles, both by their handsome appearance and greater convenience, are much more suitable for a Physician's office than the cork stoppered bottles; and where there is not a special order to the contrary, such bottles will be used for putting up their articles, and will be charged at the prices named in the list.

The skeletons priced are from one of the first anatomical establishments in Paris, and will be found of a superior quality; they are so cleaned that the grease will not appear on them after keeping. The list of anatomical preparations, &c., annexed will, it is hoped, enable Colleges, Professors and others to supply themselves with such articles without the expense of sending a person to Europe specially for this purpose.

We are also the sole agents in Philadelphia for the sale of Kinne's Magneto-Electric Batteries, drawings and descriptions of which will be found at the close of the Catalogue. These batteries are of the latest and most improved pattern, and operate without the use of acids or the trouble of a person turning. The attention of Physicians to them is requested, as being an article long wanted by the profession.

We shall in a few weeks issue an illustrated chemical catalogue, embracing a large assortment of pure chemicals and chemical re-agents, and with drawings of our apparatus. Distributed gratis upon application.

All orders will be executed with care and despatch, and packed so as to carry safely to any part of the country, we holding ourselves responsible for all breakage over 5 per cent. of the amount of the order; or for 2 per cent. we will insure against all breakage. The expense of sending goods to the most distant part of the country, by sea or land, with the present low prices of transportation, is very trifling.

Being also the manufacturers of Osborne's superfine American Water Colors, the reputation of which has been long established, we will take pleasure in forwarding price currents to all who may desire them.

BULLOCK & CRENSHAW,  
Sixth and Arch streets, Philadelphia.

April 1, 1852.

# DRUGS AND MEDICINAL WARES,

OFFERED TO PHYSICIANS

BY

**BULLOCK & CRENSHAW,**

N. E. CORNER ARCH AND SIXTH STS.,

**PHILADELPHIA.**

ACETONE (pyroxilic spirit,)	\$2 00	per	lb
ACTUM, Opii	1 50		lb
Scillæ	50		lb
ACID: Acetic: No. 8	28		lb.
Arsenious, Pure	25		lb.
Arsenic:	25		oz.
Benzoic:	40		oz.
Citric:	Scarce		lb.
Gallic:	1 50		oz.
Muriatic: Med: Pure	12		lb.
Nitric, Med: Pure	25		lb.
Tannic:	38		oz.
Prussic: U. S. P. in oz. Stop. Bot.	31		oz.
Pyroligneous	25		lb.
Sulphuric:	06		lb.
" Aromatic:	50		lb.
Oxalic:	50		lb.
Tartaric:	50		lb.
ACONITINE	15		gr.
ALCOHOL: U. S. P.	62 to 75		gall.
Absolute	50		pint.
ALUM	08		lb.
ALOE, Capens:	25		lb.
" Pulv:	38		lb.
Socotrina	63		lb.
" Pulv:	75		lb.
AMMON: Carb:	30		lb.
Murias	25		lb.
AMMON: Nitras:	1 00		lb.
Phosphas	1 50		lb.
ANNATTO	50		lb.
ANTIM: et Potass: Tart:	69		lb.
Sulph: Pulv:	20		lb.
" Kermes	12		oz.
AQUA Ammon: fff.	20		pint.
" Concent:	50		pint.

\* The pounds and ounces referred to in this catalogue are all avoirdupois; for convenience we have used the term dr. for the 1-8th of an avoirdupois ounce.

# 4 DRUGS AND MEDICINES FOR SALE BY

AQUA Fortis	\$0 12	per lb.
Rosæ	15	pint.
ARGENTI NITRAS, Cryst:	1 25	oz.
“ Fus:	1 25	oz.
“ Oxid:	2 00	oz.
ARSENICUM, (pure sublimed)	25	oz.
“ Iodid:	1 50	oz.
ASSAFŒTIDA	38	lb.
ATROPIA	15	gr.
BACCÆ JUNIPERI	25	lb.
BALSAM: Canada,	88	bottle.
Copaibæ	38	lb.
“ Capsules	75, 1 50, 2 00	doz.
Peruv:	25	oz.
Sulphur:	1 00	lb.
Tolu:	1 25	lb.
BEBEERIN	50	dr.
BISMUTH: Subnit:	12	oz.
BLUE MASS: vid: Pil: Hydrarg:		
BRUCIA	75	dr.
BURGUNDY PITCH	16	lb.
CALCIS Chlorid:	10	lb.
Carb: Præcip: Eng:	38	lb.
“ Præp:	08	lb.
CALCIS PHOSPH: Præc:	75	lb.
CALOMEL vid: Hydrarg: Chlor: Mit:		
CAMPHORA	45	lb.
CANTHARIDES	2 00	lb.
Pulv:	2 50	lb.
CANTHARIDIN TISSUE, (Brown's)	1 50	can.
Dressing Tissue, (Brown's)	75	can.
CAPSICI Afric: Pulv:	50	lb.
CARBO LIGNI, Pulv: (Willow)	25	lb.
CARRAGEEN	25	lb.
CARYOPHYLLUS	38	lb.
CASTOREUM RUSSIC:	1 25	oz.
CATECHU	25	lb.
CERA ALBA	60	lb.
CERATUM Cantharidis	1 00	lb.
Cetacei	50	lb.
Plumbi S'act:	50	lb.
Resinæ	50	lb.
“ Comp:	50	lb.
Sabinæ	50	lb.
Simplex	50	lb.
Zinci Carb:	50	lb.
CHIMAPHILA	25	lb.
CHINOIDINE	1 25	oz.
CHLOROFORM	1 50	lb.
CINCHONINE	2 00	oz.
CODEINE	3 00	dr.
COLOCYNTHUS	1 00	lb.
COLLODION, in 1 oz. Stop. Bot.	2 00	doz.
Cantharidal, in 1/2 oz. Stop. Bottles	2 00	doz.
COD LIVER OIL, Vid: Ol: Jecoris		
CONFECT: Rosæ	50	lb.

CONFECT: Sennæ	\$ 50	per lb.
CORTEX Aurantii	15	lb.
Canellæ	15	lb.
" Pulv:	25	lb.
Cascarillæ	25	lb.
Cassie	38	lb.
" Pulv:	45	lb.
Cinchon: Flav:	1 75	lb.
" " Pulv:	2 00	lb.
" Rub:	1 50	lb.
" " Pulv:	1 75	lb.
Mezerei	25	lb.
Prun: Virg:	15	lb.
Quassie Simarub:	75	lb.
Sassaf: Rad:	15	lb.
Ulmi	15	lb.
" Pulv: (Fine)	25	lb.
Ulmi, Pulv: (Coarse)	20	lb.
Winteræ Aromat:	75	lb.
CREASOTUM, in 1 oz. Stop. Bot.	38	oz.
CROCUS SATIVUS	62	oz.
CUBEBA	(scarce)	lb.
Pulv:	(scarce)	lb.
CHELTENHAM SALT	3 00	doz.
CUPRI SULPHAS	12	lb.
DELPHIA		
DOLICOS PRURIENS (Cowhage)	1 00	oz.
ELATERIUM (Clutterbuck's)	75	dr.
EMETINE	2 50	oz.
EMPLAST: Adhesiv:	38	lb.
Ammoniac:	75	lb.
" C. Hydrarg:	1 25	lb.
Assafet:	1 25	lb.
Belladon:	1 50	lb.
Calefac:	75	lb.
Cantharid:	1 00	lb.
Gaban: Comp:	50	lb.
Hydrarg:	1 00	lb.
Logani	50	lb.
Myrrhæ	1 25	lb.
Opil	2 00	lb.
Plumbi	38	lb.
Resinæ	38	lb.
Roborans	38	lb.
Saponis	50	lb.
ERGOTA	1 25	lb.
Pulv:	1 50	lb.
ERGOTINE	65	dr.
ESS: MENTH: PIP:	75	pint.
ETHER Acetic	60	pint.
Chloric	50	pint.
Sulphuric	30	pint.
" Letheon	38	pint.
EXTRACT: Aconiti, Eng:	25	oz.
Belladon: "	25	oz.
Cannab: Ind: Eng:	3 00	oz.

<b>EXTRACT:</b> Cinchon: Præcip: in oz. Pots	\$0 75	per oz.
Colehici: Acet:	50	oz.
Coloc: Comp:	2 50	lb.
Conii, Eng:	12	oz.
Cotyledon: Umbilic:	1 00	oz.
Digital:	25	oz.
Diosmæ Fluid:	1 50	lb.
Dulcamaræ,	19	oz.
Glycyrrhizæ Calab:	30	lb.
" Pulv:	45	lb.
Gentianæ	50	lb.
Hellebor: nig:	25	oz.
Hyoscyami, Eng:	25	oz.
Jalapæ Alc:	25	oz.
Kramerizæ (by cold deplacement,)	20	oz.
Monesizæ	2 00	oz.
Nuc: Vom: Alc:	50	oz.
Opil Acet:	1 00	oz.
" Aquos:	1 00	oz.
Polygalæ senegæ	50	oz.
Quassizæ	50	oz.
Rhei	25	oz.
" Fluid	1 50	lb.
Sarsap: Alc:	38	oz.
" Fluid: Comp:	6 00	doz.
Sennæ " "	1 50	lb.
Spigelizæ " "	1 50	lb.
Stramonii	25	oz.
Secale Cornut: (withont oil)	50	oz.
Taraxaci, Eng:	12	oz.
Valerian: Fluid:	1 50	lb.
" Solid: (Etherial)	1 00	oz.
<b>FECULA MARANTA BERMUDA</b>	50	lb.
<b>FARINA Avenæ Beth:</b>	10	lb.
Sem: Lini	12	lb.
<b>FERRI Arsenias</b>	75	oz.
Bromid:	1 00	oz.
Carb: Præcip:	30	lb.
" Vallets	75	lb.
Citras	20	oz.
Ferrocyanuret:	12	oz.
Iodid:	75	oz.
Lactas	38	oz.
Limatura	20	lb.
Oxid: Hydrat:	50	lb.
Oxid: Nig:	10	oz.
Phosphas	60	lb.
Et Magnes: Citras	38	oz.
Et Potass: Tart:	75	lb.
Et Quin: Citras	1 25	oz.
Et Potass: Tart: (in Scales)	20	oz.
Sulphas Pur:	25	lb.
Tannas	62	oz.
Valerianas	3 00	oz.
<b>FERRUM subtilissim:</b>	25	oz.
" per Hydrogen (Quevennes)	50	oz.



<b>FLORES ANTHEM:</b>		\$0 50	per lb.
Arnica		50	lb.
Lavand:		25	lb.
Rosæ Gallic:		1 50	lb.
<b>FOLIA Aconiti, Eng:</b>		1 00	lb.
Belladon: "		1 00	lb.
Conii "		75	lb.
Digitalis "		75	lb.
Diosmæ Crenat:		75	lb.
Hyoscyam: Eng:		75	lb.
Matico		12	oz.
Sabinæ, Eng:		75	lb.
" " Pulv:		1 00	lb.
Sennæ Alex:		38	lb.
Uvæ Ursi		25	lb.
<b>FUCUS HELMINTHOCORTON</b>		75	lb.
<b>GALLA ALEPPO</b>		50	lb.
" Pulv:		65	lb.
<b>GLYCERINE</b>		15	oz.
<b>GRANVILLE'S LOTION</b>		50	pint.
<b>GUM: Acac: No. 1.</b>		80	lb.
" No. 2.		60	lb.
" Pulv:		75	lb.
Ammoniac:		50	lb.
Benzoin:		75	lb.
Elemi		50	lb.
Galban: Cobat:		1 00	lb.
Gambogia		1 25	lb.
Guaiaicum		50	lb.
<b>GUM: Myrrha Turc:</b>		68	lb.
" Pulv:		88	lb.
*Scammon: (Virgin)		75	oz.
" " Pulv:		88	oz.
Tragacanth:		75	lb.
Styrax		62	lb.
<b>GUTTA PERCHA</b>			
<b>HIERA PICRA</b>		75	lb.
<b>HOOPER'S PILLS</b>		75	doz.
<b>HORDEUM PERLAT:</b>		12	lb.
<b>HYDRARGYRUM</b>		1 50	lb.
Ammon:		12	oz.
Chlor: Mit:		1 50	lb.
Bichlor: Corros:		12	oz.
Bicyanid:		50	oz.
Cum Creta		20	oz.
Iodid: Proto		75	oz.
" Bin		75	oz.
Nitras Per: (acid)		25	oz.
Oxid: Rub:		19	oz.
Phosphat:		75	oz.
<b>ICTHYOCOLLA Americana</b>		1 00	lb.
Russic:			

\*Aleppo Scammony has become so impure we do not price it. We had occasion to test a number of samples, and no one contained 5 per cent. of Virgin Scammony.

IODINUM (Resublimed) in 1 oz. Stop. Bot.	\$0 62	per oz.
KINO	1 00	lb.
LACTUCARIUM	1 00	oz.
LICHEN Island:	15	lb.
LIGNUM Guaiaci Rasp:	12	lb.
Quass:	12	lb.
LINTEUM	1 25	lb.
LIQ: Ammon: Acet:	25	lb.
Plumb: S: Acet:	50	pint.
Donovani	1 00	pint.
Ferri Ternitras	1 00	pint.
Opil Sedativ:	1 00	pint.
Potass:	25	pint.
" Arsen: (Fowler's)	50	pint.
Sodæ Chlorinata, (Labarraque's)	38	pint.
LUNAR CAUSTIC Vid: Argent: Nit:		
LUPULINA	20	oz.
LYCOPODIUM	1 00	lb.
MACIS	1 50	lb.
MAGNES: Calc: Opt.	75	lb.
Carb:	30	lb.
" Sm: Squares	56	lb.
Citras: (effervescing solution)	2 25	doz.
Husband's	4 00	doz.
Henry's	8 00	doz.
Sulphas	06	lb.
MANGANESII Carb:	38	oz.
Chlorid:	38	oz.
Iodid: (solut:)	25	oz.
Oxid: (Black)	12	lb.
Oxid: (Red)	38	oz.
Phosph:	38	oz.
Sulph:	35	oz.
Tart:	25	oz.
MANNA, Small Flake	56	lb.
Large "	75	lb.
MANNITE	25	oz.
McMUNN'S ELIXIR	2 25	doz.
MEDULLA Sassaf:	50	oz.
MONARDINE	50	dr.
MORPHIÆ Acetas	4 00	oz.
Murias	4 00	oz.
Sulphas	4 00	oz.
MORPH: Valerianas	1 00	dr.
MOSCHUS		
MUCUNA, (Cowhage)	1 00	oz.
MYRISTICA	1 50	lb.
NAPHTHA	2 00	lb.
NARCOTINA	75	dr.
NUCIS VOM: Pulv:	38	lb.
OLEUM Amygd: Amar:	1 25	oz.
" Dule:	50	lb.
Anethi Fœniculi	20	oz.
Anisi	20	oz.
Aurantii Cort:	20	oz.
Bergamii	38	oz.

OLEUM Cari	\$0 25	per oz.
Cajuputi	25	oz.
Camphoræ	25	oz.
Caryophylli	25	oz.
Cassie	31	oz.
Chenopodii	38	oz.
Copaibæ	12	oz.
Croton : Tiglii	50	oz.
Cubebæ	38	oz.
Ergotæ	1 00	oz.
Gaultheriæ	38	oz.
Hedeomæ	20	oz.
Jecoris Aselli (in pint bottles)	5 00	doz.
Juniperi	75	lb.
Lavandulæ	12	oz.
Limonis	25	oz.
Menthæ Piperitæ	25	oz.
"    Sativ :	25	oz.
Monardæ	20	oz.
Myristicæ Ess :	75	oz.
Olivæ Opt :	4 00	doz.
"    Com :	25	pint.
Origani	75	lb.
Piper : Nig :	1 00	lb.
Pini Canadensis	75	lb.
Ricini	25	lb.
Rosmarini	75	lb.
Sabinæ	12	oz.
Sassafras	10	oz.
Succini Rect :	1 00	lb.
Tanaceti	20	oz.
Terebinthinæ	10	pint.
Valerianæ	1 25	oz.
OPIUM Turc : (variable)	5 00	lb.
"    Pulv :	50	oz.
"    Denarcot :	75	oz.
OPODELDOC, Liquid	1 00	doz.
Solid	1 00	doz.
OX GALL, Inspissated	31	oz.
PETROL : Barbados :	25	lb.
PIL : HYDRARG : U. S. P.	1 25	lb.
PIPERINE	45	oz.
PIX Abietis	16	lb.
Canadensis	50	lb.
PLUMBI Acetas	16	lb.
Iodid :	1 00	oz.
Nitras	50	lb.
POTASSÆ Acetas	12	oz.
Arsenias	50	oz.
Arsenis	12	oz.
Bicarb : Cryst :	37	lb.
Bitart : Pulv :	25	lb.
Carb : (Sal : Tart :	15	lb.
Chloras	75	lb.
Citras	1 25	lb.
Nitras	12	lb.

# 10 DRUGS AND MEDICINES FOR SALE BY

POTASSÆ Sulphas	.	.	.	.	.	.	.	.	.	\$0 16	per lb.
Sulphas Pulv:	.	.	.	.	.	.	.	.	.	25	lb.
POTASSII Bromid:	.	.	.	.	.	.	.	.	.	1 00	oz.
Cyanid:	.	.	.	.	.	.	.	.	.	12	oz.
Iodid:	.	.	.	.	.	.	.	.	.	5 50	lb.
Sulphuret:	.	.	.	.	.	.	.	.	.	50	lb.
PREPARED CHALK (See Calcis Carb:).											
PULVIS Antimonialis	.	.	.	.	.	.	.	.	.	06	oz.
Aromat:	.	.	.	.	.	.	.	.	.	25	oz.
Doveri	.	.	.	.	.	.	.	.	.	30	oz.
Seidlitz	.	.	.	.	.	.	.	.	.	28	lb.
QUINIÆ Acetas	.	.	.	.	.	.	.	.	.	4 50	oz.
Arsenias	.	.	.	.	.	.	.	.	.	6 00	oz.
Citras	.	.	.	.	.	.	.	.	.	4 50	oz.
Ferrocyan:	.	.	.	.	.	.	.	.	.	4 50	oz.
Iodid:	.	.	.	.	.	.	.	.	.	6 00	oz.
Lactas	.	.	.	.	.	.	.	.	.	6 00	oz.
Murias	.	.	.	.	.	.	.	.	.	4 50	oz.
Sulphas	.	.	.	.	.	.	.	.	.	3 50	oz.
Tannas	.	.	.	.	.	.	.	.	.	4 50	oz.
Valerianas	.	.	.	.	.	.	.	.	.	1 00	dr.
RADIX Aconit:	.	.	.	.	.	.	.	.	.	1 00	lb.
Actææ Racemos:	.	.	.	.	.	.	.	.	.	30	lb.
Arnica	.	.	.	.	.	.	.	.	.	1 00	lb.
Belladonna	.	.	.	.	.	.	.	.	.	1 50	lb.
Colchici, Eng:	.	.	.	.	.	.	.	.	.	50	lb.
Colombæ	.	.	.	.	.	.	.	.	.	20	lb.
Curcumæ Opt: (Turmeric)	.	.	.	.	.	.	.	.	.	25	lb.
Gentianæ	.	.	.	.	.	.	.	.	.	12	lb.
Geranii Maculat:	.	.	.	.	.	.	.	.	.	50	lb.
Glycyrrhizæ	.	.	.	.	.	.	.	.	.	10	lb.
" Pulv:	.	.	.	.	.	.	.	.	.	25	lb.
Hydrastis Canadensis	.	.	.	.	.	.	.	.	.	50	lb.
Ipecac:	.	.	.	.	.	.	.	.	.	1 75	lb.
" Pulv:	.	.	.	.	.	.	.	.	.	2 00	lb.
Irid: Florent:	.	.	.	.	.	.	.	.	.	25	lb.
" " Pulv:	.	.	.	.	.	.	.	.	.	38	lb.
Jalapæ	.	.	.	.	.	.	.	.	.	88	lb.
" Pulv:	.	.	.	.	.	.	.	.	.	1 00	lb.
Krameria	.	.	.	.	.	.	.	.	.	38	lb.
Parieræ Bravæ	.	.	.	.	.	.	.	.	.	1 25	lb.
Rhei E. I— (best)	.	.	.	.	.	.	.	.	.	88	lb.
" Pulv:	.	.	.	.	.	.	.	.	.	1 00	lb.
Russic:	.	.	.	.	.	.	.	.	.	38	oz.
" Pulv:	.	.	.	.	.	.	.	.	.	50	oz.
Sanguinaria	.	.	.	.	.	.	.	.	.	50	lb.
Sarsap: Contus:	.	.	.	.	.	.	.	.	.	28	lb.
Scilla	.	.	.	.	.	.	.	.	.	25	lb.
" Pulv:	.	.	.	.	.	.	.	.	.	62	lb.
Senegæ	.	.	.	.	.	.	.	.	.	30	lb.
Serpentaria	.	.	.	.	.	.	.	.	.	25	lb.
Spigelia	.	.	.	.	.	.	.	.	.	30	lb.
Stillingia	.	.	.	.	.	.	.	.	.	1 25	lb.
Taraxaci	.	.	.	.	.	.	.	.	.	30	lb.
Tormentilla	.	.	.	.	.	.	.	.	.	38	lb.
Valeriana, Eng.	.	.	.	.	.	.	.	.	.	50	lb.

RADIX Zingib: Jamaic: (scarce)	\$0 50	per lb.
" " Pulv:	62	lb.
RESINA JALAPÆ	1 09	oz.
SACCHARUM LACTIS	60	lb.
SAGO PERLAT:	10	lb.
SAL: Rochelle	28	lb.
Prunelle	38	lb.
SALICINE	1 50	oz.
SANGUIS DRACONIS	1 50	lb.
SAPO Hispan:	18	lb.
Windsor (Brown) "	12	cake.
SEIDLITZ POWDERS, in Tin Boxes	2 25	doz.
MIXTURE	28	lb.
SEMINA Anisi	15	lb.
Cardam:	1 50	lb.
Cari	20	lb.
Chenopod: Anthelm:	25	lb.
Colehici	50	lb.
Coriandri:	15	lb.
Cydoniæ	25	oz.
Fœniculi	15	lb.
Lini	08	lb.
Sinapis	15	lb.
" Pulv: Eng:	38	lb.
SODÆ Acetas	12	oz.
Arsenias	50	oz.
Arsenis	12	oz.
Biboras	25	lb.
Bicarbonas	12	lb.
Carbonas	06	lb.
Nitras Ref:	25	lb.
Phosphas	50	lb.
et Potessæ Tart:	28	lb.
Sulphas	06	lb.
SOLANUM DULCAMARA	25	lb.
SP: Ammon:	25	pint.
" Arom:	50	pint.
Æther: Nit:	20	pint.
" Sulph: Comp:	30	pint.
Lavand: Comp:	50	pint.
Vini: Gallic: (4th proof French Brandy)	3 00	gal.
Lavand: Simp:	50	pint.
SPONGIA (Prepared for Surgical use) various prices		
STRYCHNIA	75	dr.
Sulph:	75	dr.
SULPHUR Rotund:	06	lb.
Sublimat:	10	lb.
Iodid:	75	oz.
Sublimat: Lot:	15	lb.
Præcip: Pur:	75	lb.
SYRUPUS Althææ	75	lb.
Ferri Iodid:	1 50	lb.
" Citratis	1 50	lb.
Ipecac:	50	lb.
Limonis	3 00	doz.
Papaveris	50	lb.

<b>SYRUPUS</b> Prun: Virg: . . . . .	\$0 50	per lb.
Rhamni Cathart: . . . . .	75	lb.
Rhei . . . . .	50	lb.
" Aromat: . . . . .	50	lb.
Sarsap: Comp: . . . . .	50	lb.
Scillæ . . . . .	50	lb.
" Comp; . . . . .	50	lb.
Simplex . . . . .	25	lb.
Sennæ . . . . .	50	lb.
Senegæ . . . . .	50	lb.
Tolutani . . . . .	50	lb.
<b>TANNIN</b> . . . . .	38	oz.
<b>TAPIOCA</b> . . . . .	25	lb.
<b>TARTAR EMETIC</b> (Vid: Ant: et Pot: Tart,) . . . . .		
<b>TEREBINTHINA</b> Venet: . . . . .	30	lb.
<b>TEST: OST: PRÆP:</b> . . . . .	75	lb.
<b>TINCTURA</b> Aconit: Rad: Concent: . . . . .	12	oz.
Cantharidis . . . . .	50	pint.
Castorei . . . . .	1 50	pint.
" Ammon: . . . . .	2 00	pint.
Cinchonæ . . . . .	75	pint.
" Comp: . . . . .	75	pint.
Guaiaci Ammon: . . . . .	75	pint.
Iodini . . . . .	75	pint.
" Lugols . . . . .	75	pint.
Opil . . . . .	75	pint.
" Acet: . . . . .	1 00	pint.
Rhei et Sennæ . . . . .	75	pint.
Valer: Ammon: . . . . .	75	pint.
Varia . . . . .	50	pint.
<b>UNG:</b> Hydrarg: U. S. P. (half Mercury) . . . . .	1 25	lb.
" Nitrat: . . . . .	50	lb.
Picis Liquidæ . . . . .	50	lb.
Sabinæ . . . . .	50	lb.
Stramonii . . . . .	50	lb.
<b>VACCINE VIRUS</b> . . . . .	1 00	scab.
<b>VERATRIA</b> . . . . .	88	dr.
<b>VINUM</b> Album . . . . .	2 00	gall.
Antimonialis . . . . .	50	pint.
Colchici Rad: . . . . .	75	pint.
" " (English from recent root) . . . . .	1 50	pint.
" Sem: . . . . .	75	pint.
Ipecac: . . . . .	50	pint.
Rub: . . . . .	2 00	gall.
Secale Cornut: . . . . .	75	pint.
<b>ZINCI</b> Acetas . . . . .	12	oz.
Carb: Præcip: . . . . .	19	oz.
Cyanid: . . . . .	75	oz.
Chlorid: . . . . .	25	oz.
Iodid: . . . . .	1 00	oz.
Oxid: . . . . .	06	oz.
Sulphas . . . . .	25	lb.
Valerianas . . . . .	50	dr.



# MEDICINAL WARES PHYSICIANS' APPARATUS, &c.

FOR SALE BY  
**BULLOCK & CRENSHAW,**  
N. E. CORNER ARCH AND SIXTH STS.  
PHILADELPHIA.

ADHESIVE PLASTER, Spread	\$00 25 per yd.
ANATOMICAL JARS, various sizes	
BED PANS	1 25 each.
BLEEDING BOWLS	75 each.
BOTTLES, Narrow Mouth, with Stoppers accurately ground	
1 gallon	6 00 doz.
half gall.	3 50
quart	2 38
pint	1 75
half pint	1 37
4 oz.	1 12
2 oz.	1 00
1 oz.	90
half oz.	90
BOTTLES, Wide Mouth, with Glass Stoppers—	
gallon	9 00
half gall.	4 00
quart	2 75
pint	2 00
half pint	1 50
4 oz.	1 25
2 oz.	1 00
1 oz.	90
half oz.	90
BOTTLES, Strong Green Glass, with Glass Stoppers, for Acids—	
half gall.	25 each.
quart	19
pint	15
half pint	12
BOTTLES, Assorted, in Gross Boxes, see Vials.	
BOXES, Chip Nested, 12 Nests in a Paper	15 paper.
Paper	20
English	20
BOUGIES, Elastic	1 25 doz.
" with Ivory Tips,	1 50
Metallic	
Elastic (English very superior)	75 each.
BREAST Exhausters, Elastic	1 00 each.
Pipes	25
Pumps	2 50
BRUSHES, Cam. Hair, for Throat	60 to 1 00 doz.
Glass, for applying Nitrate of Silver	30 each.

CATHETERS, Elastic	\$1 25 doz.
" with Ivory Tips	1 50
Metallic (Silver)	1 25 each.
Elastic Curved (English very superior)	75 each.
COLLOIDION, in oz. Stop. Bot.	2 00 doz.
CORKS, Bottle and Vial, all sizes	
CORK PRESSES	75 each.
CORK SCREWS	25 to 50 cts.
COURT PLASTER	25 doz.
CUPPING GLASSES	1 25
DOMESTIC INSTRUMENT for Self Injection, (Maws)	2 50 each.
EAR TUBES, Elastic (Horn mounted)	1 75
" " (Ivory mounted)	3 00
EYE GLASSES	20
FILTERING PAPER, Stout English	88 quire.
Thin German	25
FUNNELS, GLASS—	
half gall.	37 each.
quart	25 each.
pint	20
half pint	18
4 oz.	15
2 oz.	12
1 oz.	12
FUNNELS, PORCELAIN, For Filtering hot liquids—	
half gall.	
quart	1 12
pint	75
half pint	50
FUNNELS, GLASS, Separating, for separating Liquids of different Specific Gravities.	
quart	2 50
pint	2 00
half pint	1 75
FUNNELS, QUEENSWARE, for Displacement—	
half gall.	1 50
quart	1 25
pint	88
GALLIPOTS, 1 to 4 oz. four in a nest .	08 nest.
GLASS, English, very thin, for Microscopic Preparations,	
GOLD BEATERS, Skin	75 doz.
GRADUATED MEASURES, Glass, Accurate—	
16 oz	1 25 each.
12 oz.	1 00
8 oz.	88
6 oz.	75
4 oz.	62
3 oz.	56
2 oz.	50
1 oz.	37
Minim.	50
HAIR GLOVES	1 00 pair.
HAIR BELTS	1 00 each.
HEIFERS' TEATS	1 25 doz.
HORN SCOOPS	1 50

## HYDROMETERS, Baume's Scale,

These Hydrometers are made with great care by J. G. Grenier, a celebrated manufacturer in Berlin, and their entire accuracy may be relied on.

For acids, syrups and liquids heavier than water,  
graduated from 0° to 68° . . . \$3 25 each.

For Spirits, 10° to 49° . . . 3 25

For Ethers, 30° to 65° . . . 3 25

American, for acids, alcohol and ether, a good article, 1 25

HYDROMETER JARS, for floating Hydrometers . . . 50 to 75

INHALERS, for administering Chloroform . . . 75

" " Iodine . . . 38

ISINGLASS PLASTER, (Husband's) . . . 75 yd.

ISSUE PEAS . . . 38 hun'd.

JARS, QUEENSWARE, Covered, English—

quart . . . 38 each.

pint . . . 18

half pint . . . 1 25 doz.

4 oz. . . 1 00

2 oz. . . 80

1 oz. . . 65

LABELS, Latin in books . . . 1 50

" " for specimens in Materia Medica . . . 50

## LAMPS, SPIRIT—

Tin (Mitchell's) . . . 75 each.

Glass with Cover . . . 50

Brass with Apparatus for raising Wick . . . 4 00

Brass, (Rose's) . . . 6 00

LINT . . . 1 25 lb.

MEDICINE CHESTS furnished to Order

## MORTARS, GLASS—

half pint . . . 50 each.

pint . . . 75

## MORTARS, IRON—

No. 1, half pint . . . 37

No. 2, pint . . . 50

No. 3, 1½ pint . . . 62

No. 4, quart . . . 87

No. 5, 3 pint . . . 1 00

No. 6, half gall. . . 1 37

No. 7, 1 gall. . . 2 00

## MORTARS, WEDGWOOD—

No. 000, 2 oz. . . 37 each.

No. 00, 3 oz. . . 40

No. 0, 4 oz. . . 50

No. 1, 6 oz. . . 56

No. 2, 8 oz. . . 75

No. 3, 12 oz. . . 88

No. 4, pint . . . 1 12

No. 6, quart . . . 1 50

No. 8, half gall. . . 2 50

NIPPLE GLASSES, . . . 1 00 doz.

NIPPLE SHIELDS, wooden . . . 1 25

NURSING BOTTLES, various kinds.

Cups . . . 25 each.

OILED SILK . . . 1 00 yard.

PALLETTE KNIVES, See Spatulas.		
PAPER WRAPPING, all kinds.		
PESSARIES GLASS, Disk	\$2 50	doz.
"    Globular	2 50	
Gum Elastic		
PLASTER IRON	1 00	each.
PILL MACHINES, Brass for 12 pills	3 50	
"    "    24 "	5 50	
Tiles, Graduated	50 to 1 00	
POCKET CASES, Morocco, containing 1 dozen vials,	2 00	
PRECIPITATING JARS, Bohemian—		
half. gall.	62	
quart	37	
pint	31	
half pint	25	
RETORTS, GLASS, Plain and Tubulated, 1 oz. to 1 gall.	19 to 1 25	
RETORT STANDS, Iron, with 3 rings	1 50	
SADDLE BAGS furnished to order.		
SIEVES, Bolting Cloth, for very fine powders, 7 inch	37	
SPATULAS, Steel, English—		
8 inch	50	
7 inch	38	
6 inch	31	
5 inch	25	
4 inch	19	
3 inch	15	
Porcelain, for Acid Ointments	38	
SCALES AND WEIGHTS, Eng., very accurate	3 50	
Good	1 25	
SPECIE JARS, with Brass Covers—		
1 gallon		
half gall.	2 50	doz.
quart	1 50	
pint	1 25	
half pint	75	
SPECULUMS, for Uterus, Glass	50	each.
"    Metallic		
Glass, coated on the outside with silver and re-covered		
with Gutta Percha, a new and very superior article	1 50	
SPECULUMS, German Silver, Trivalve	5 00	
"    Quarto Valve	10 00	
"    Bivalve, for the Annus	4 00	
"    for Uterus, Bivalve,	4 00	
SPECIFIC GRAVITY BOTTLES, holding 1000 Grains of		
Distilled Water, with perforated Stopper and Counterpoise Weight	3 50	
SPEC. GRAV. BOTTLES, holding 100 grains Distilled		
Water as above	2 00	
SPEC. GRAV. BOTTLES, holding 1000 grains Distilled		
Water, without Stopper mark on Neck	1 00	
SHEEPSKINS		
SPONGE, Prepared for Surgical use		
STOMACH TUBES	1 00	
STETHOSCOPES	50 to 1 50	
SUSPENSORY BANDAGES	25 to 75	
SYRINGES, Glass, Male and Female, Metal Capped—Small	1 25	doz.

SYRINGES, Medium . . . . .	\$1 50
Large . . . . .	2 50
Glass, Curved Neck, for Uterus . . . . .	4 00
" " Ear . . . . .	3 00
TEST TUBES, GLASS—	
Large . . . . .	75
Medium . . . . .	50
Small . . . . .	37
THERMOMETERS, Mercurial, 7 inch . . . . .	62 each.
" " 8 " . . . . .	75
" " 10 " . . . . .	88
" " 12 " . . . . .	1 00
" Chemical . . . . .	3 50 to 6 00
TWINE, white wrapping . . . . .	25 ball.
URINALS, Male and Female . . . . .	38 each.
URINIMETERS, for testing the Specific Gravity of Urine, made of Glass, containing a delicate Ivory Scale . . . . .	3 00
VIALS, Assorted, octagonal, from $\frac{1}{2}$ oz. to 8 oz., in gross boxes . . . . .	2 75 gross.
" " Plain, long, from $\frac{1}{2}$ oz. to 8 oz., in gross boxes . . . . .	2 25

## SURGICAL INSTRUMENTS, ETC.

### AMPUTATING.

1 CAPITAL SAW	}	\$17 00 each.
1 METACARPAL SAW		
2 CAPITAL KNIVES		
1 CATLINE KNIFE		
1 PAIR ARTERY FORCEPS, with Slider		
1 SCALPEL, Steel Handle		
1 PAIR BONE NIPPERS		
1 TOURNIQUET		
12 CURVED NEEDLES		
1 TENACULUM		

**In a neat Mahogany Case, Brass mounted.**

### TREPANNING.

2 TREPHINES	}	\$10 00 each.
1 ELEVATOR		
1 HEY'S SAW		
1 SCALPEL, with Raspiter		
1 BRUSH		

**In a neat Mahogany Case, Brass mounted.**

### MIDWIFERY.

1 PAIR FORCEPS	}	\$10 00 each.
1 VECTIS		
1 CROCHET		
1 PERFORATING SCISSORS		
1 BLUNT HOOK		

**In a neat Leather Case.**

**DISSECTING.**

- |                             |   |              |
|-----------------------------|---|--------------|
| 6 SCALPELS                  | } | \$3 50 each. |
| 1 SINGLE HOOK               |   |              |
| 1 DOUBLE HOOK, with a Joint |   |              |
| 1 PAIR FORCEPS              |   |              |
| 1 SILVER BLOW PIPE          |   |              |
| 1 PAIR SCISSORS             |   |              |

**In a neat Mahogany or Morocco Case.**

**EYE INSTRUMENTS.**

- |                                |   |              |
|--------------------------------|---|--------------|
| 3 KNIVES                       | } | \$9 00 each. |
| 1 IRIS KNIFE                   |   |              |
| 2 NEEDLES, Curved and Straight |   |              |
| 1 CURETTE AND HOOK             |   |              |
| 1 SILVER SPECULUM              |   |              |
| 1 PAIR FORCEPS                 |   |              |
| 1 PAIR CURVED SCISSORS         |   |              |

**In a neat Case.**

**CASE OF EXTRACTING INSTRUMENTS.  
WITH IVORY HANDLES.**

- |   |   |              |
|---|---|--------------|
| 1 FOX'S SPRING BOLT KEY                                     | } | \$4 50 each. |
| 2 PAIR TEETH FORCEPS, Curved and<br>Straight, Double Joints |   |              |
| 1 TOOTH PUNCH   |   |              |
| 1 GUM LANCET  |   |              |

**In a neat Leather Case.**

With Ebony handles, . . . . . \$3 75

**POCKET INSTRUMENTS, NO. 1.**

- |                                 |   |              |
|---------------------------------|---|--------------|
| 1 PAIR CROOKED SCISSORS         | } | \$8 00 each. |
| 1 PAIR STRAIGHT "               |   |              |
| 1 PAIR DRESSING FORCEPS         |   |              |
| 1 PAIR DISSECTING "             |   |              |
| 1 DIRECTOR                      |   |              |
| 1 SPATULA                       |   |              |
| 2 SILVER PROBES                 |   |              |
| 1 TONSIL FORCEPS                |   |              |
| 1 CURVED Probe Pointed BISTOURY |   |              |
| 1 Large SCALPEL                 |   |              |
| 1 GUM LANCET                    |   |              |
| 1 ABSCESS LANCET                |   |              |
| 1 TENACULUM                     |   |              |
| 1 Small SCALPEL                 |   |              |
| 1 STRAIGHT SPEAR BISTOURY       |   |              |
| 1 SILVER FEMALE CATHETER        |   |              |
| 1 PHYSICK'S FORCEPS AND NEEDLE  |   |              |
| 1 THUMB LANCET                  |   |              |
| 6 CURVED NEEDLES                |   |              |

**In a neat Morocco Case, with a Lock.**



**PHLEBOTOMY.**

SILVER SPRING LANCET, Button Trigger . . . . .	\$3 50 each.
" " " Lever . . . . .	3 00
BRASS " " " . . . . .	75
BRASS HORSE " " " . . . . .	1 50
THUMB LANCETS . . . . .	38
LANCET PHLEMES . . . . .	12
IMITATION SILVER SPRING LANCETS, . . . . .	1 50
" " " Button Trigger . . . . .	2 00

**AMPUTATING AND TREPANNING.**

In one Case . . . . .	\$26 00 each.
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**CUPPING INSTRUMENTS.**

1 BRASS PUMP, or EXHAUSTER . . . . .	} \$3 50 each.
5 CUPPING GLASSES . . . . .	

**In a neat Mahogany Case.**

With German SCARIFICATOR . . . . .	5 50
" American " . . . . .	7 00
CUPPING INSTRUMENTS, as above, with stopcocks to glasses . . . . .	4 50
do. with German SCARIFICATOR . . . . .	6 50
SURGICAL INSTRUMENTS OF ALL KINDS, FURNISHED TO ORDER.	

**MISCELLANEOUS.**

SCARIFICATORS, American . . . . .	3 50 each.
" Small, with several blades . . . . .	3 50
" German . . . . .	2 00
OBSTETRICAL FORCEPS, Hodge's . . . . .	5 00
" " Huston's . . . . .	5 00
" " Heighton's . . . . .	5 00
" " Davies' . . . . .	5 00
BRASS CUPPING AND STOMACH PUMP with Injecting Apparatus and 6 Glasses combined, Mahogany case . . . . .	10 00
BRASS STOMACH PUMP and Injecting Apparatus combined, in a Mahogany case . . . . .	7 00
BRASS ANATOMICAL SYRINGE, 36 oz. with 7 pipes . . . . .	16 00
1 BRASS PUMP and Breast Glass, in a neat Case . . . . .	3 25

**METALLIC SYRINGES, BEST QUALITY.**

24 oz. SELF INJECTING, in Cases . . . . .	\$2 25 each.
16 oz. " " . . . . .	1 50
10 oz. " " . . . . .	1 25
6 oz. not Self Injecting, in Cases . . . . .	75
24 oz. " no cases . . . . .	1 75
16 oz. " " . . . . .	1 25
10 oz. " " . . . . .	75
6 oz. " " . . . . .	56
4 oz. " " . . . . .	38
2 oz. " " . . . . .	31
1 oz. " " . . . . .	15
MAW'S SELF APPARATUS . . . . .	2 25

**METALLIC SYRINGES, MEDIUM QUALITY.**

24 oz. SELF INJECTING, in Cases	1 75	each.
16 oz. " "	1 25	
10 oz. " "	1 00	
6 oz. not Self Injecting, in Cases	56	
24 oz. " no cases	1 25	
16 oz. " "	1 00	
10 oz. " "	62	
6 oz. " "	38	
4 oz. " "	31	
2 oz. " "	25	
1 oz. " "	12	

**METALLIC SYRINGES, THIRD QUALITY.**

24 oz. SELF INJECTING, in Cases	1 00	
16 oz. " "	88	
10 oz. " "	75	
6 oz. not Self Injecting, in Cases	38	
24 oz. " no cases	75	
16 oz. " "	62	
10 oz. " "	50	
6 oz. " "	31	
4 oz. " "	25	
2 oz. " "	20	
1 oz. " "	10	

**WOMB SYRINGES, BEST QUALITY.**

6 oz. Ring Handles, in Cases	1 00	
6 oz. Wood " "	1 00	
4 oz. Ring " "	90	
4 oz. Wood " "	90	
2 oz. Ring " "	75	
2 oz. Wood " "	75	
DOCTOR CHASE'S VAGINA, with Cases	1 12	
FEMALE	15	
MALE	10	
EAR, with Ivory Pipe	31	

**SKELETONS,****IN NEAT BOXES, WITH LOCK AND KEY.**

SKELETONS, Articulated and Bleached	\$40 00	each
SKELETONS, Articulated, not Bleached	30 00	
SKELETONS, Disarticulated and Bleached	20 00	
SKELETONS, Disarticulated, not Bleached	15 00	
<b>HEADS—Sawn and furnished with moveable articulations.</b>		
The sections exhibiting the Nasal, Frontal and Spheroidal Sinuses, and the Antrum Maxillare. Also, the Internal Ear with apparatus of bones, muscles, membr: tympani, nerves and vessels. A complete and beautiful preparation		
HEADS—Disarticulated. The Bones separated, and contained in the compartments of a pasteboard box	\$18 00	
HANDS and FEET Articulated on catgut. The bones can be separated on the strings, so as to admit of the inspection of each. By drawing the string they are all brought into position	10 00	
FEMALE PELVIS, with Ligaments	2 50	
FOETAL HEADS	10 00	
	2 00	

## ANATOMICAL PREPARATIONS

OF ALL KINDS, IMPORTED TO ORDER.

We subjoin a list of a few, with the cash prices for importing to order: When the order amounts to one hundred dollars or more, it will be imported immediately, otherwise it will be retained on hand until we are getting other goods from Paris, which will probably be several times a year.

HEADS entire, Articulated . . . . .	\$5 00 to \$ 8 00
" " Disarticulated . . . . .	6 00 to 10 00
" " " and remounted with the bones separated by short intervals, (style Beauchene)	50 00
HEADS, Sawn, with preparations of internal and middle ear . . . . .	15 00
" with horizontal and vertical sections . . . . .	8 00
Preparation of the INTERNAL EAR . . . . .	5 00
" " MIDDLE EAR . . . . .	3 00
14 TEMPORAL BONES, demonstrating the his- tory of the Ear . . . . .	55 00
FEMALE PELVIS, with Ligaments . . . . .	8 00 to 10 00
FETAL HEADS . . . . .	2 00
HANDS or FEET, Articulated . . . . .	1 50 to 2 00
" " (style Beauchene) . . . . .	6 00
FETAL SKELETONS . . . . .	7 00
Series of nine FETAL SKELETONS . . . . .	50 00
HISTORY OF DENTITION, from the fetal condi- tion to old age, exemplified by 22 Preparations, under Glass . . . . .	150 00
JAW in Childhood, from 1st to 2d dentition . . . . .	6 00 to 8 00
TEETH, Natural, a complete Set, wired . . . . .	6 00 to 8 00
PHRENOLOGICAL HEADS (natural) . . . . .	7 00 to 8 00
HEADS OF CHILDREN, during 1st and 2d denti- tion . . . . .	8 00
SAWN HEADS, upon Supports, under Glass . . . . .	10 00
FETUS, Disarticulated, within a Frame . . . . .	10 00
MANIKINS, for the Study of the mechanism of Labor . . . . .	30 00 to 50 00
HEADS, with Nerves, Arteries and Veins . . . . .	60 00
HALF FACE, vertical section, with 5th pair of nerves . . . . .	10 00
" arteries, internal maxillary . . . . .	10 00
EAR, with its dependencies, nerves and vessels . . . . .	10 00
HEAD, with preparations of the dura mater . . . . .	10 00

## AN ASSORTMENT OF THE SKELETONS OF ANIMALS.

HEADS OF ANIMALS, Disarticulated and Mounted, in the style Beauchene, &c. &c.

CHESTS containing a complete set of PURE CHEMICAL REAGENTS, with the necessary Apparatus for Chemical Analysis.  
Also, CHESTS for TOXICOLOGICAL research.

Terms CASH, with 5 per cent. discount, or credit with approved reference.

**DR. KINNE'S**  
**IMPROVED SELF-OPERATING**  
**MAGNETO-ELECTRIC MACHINE,**  
**FOR MEDICAL PURPOSES.**

---

The following cuts represent perfect and self-operating Magneto-Electric Machines, and combine all the powers and facilities that can be desired by the medical practitioner for a medical agent of great value, and capable of being varied so as to give all the various medical results of a common Electrical Machine, or a simple Galvanic Battery, by varying the helix.

No batteries or acids are needed, and no person required to turn a crank. It also regulates itself so as to obtain the desired velocity, to get a proper current for the most efficient use, and with careful usage will always remain in order.

The production of the Machine, and a full knowledge of what is required of it, is the result of an eight years' continual use of it in a general and special practice of the medical profession.

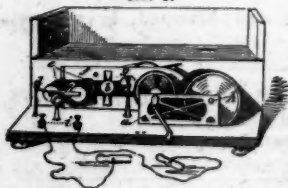
**THERE ARE FIVE FORMS OF THE INSTRUMENT,**

All designed expressly for medical use. Three of them are Magneto-Electric, or derive their powers from permanent magnets, and no batteries or acids are used; and two of them are Electro-Magnetic, or derive their powers from two metallic substances and an acid, and so arranged that they may be called dry batteries, and so as to be worn about the person, and the patient about his business, and the machine in continual use and application to the diseased part or limb.

To give a more minute description of each, it may be proper to number them, and set them off in such manner as each one shall be understood by itself.

**No. 1, IS A SELF-OPERATING MACHINE,**

No. 1.

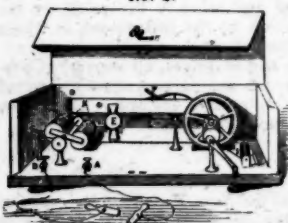


Of the largest size ever required by the physician for medical use. Powerful in its current and strength, as much so as any man can bear, and yet capable of being so modified as to be borne with impunity by the most delicate infant without difficulty. Will be put up in plain black walnut, mahogany and rosewood cases, eight inches long, four inches wide, and four deep, and warranted perfect and to be always in order, except violence be used; perfectly portable, and run one side up as well as

another, for from \$20 to \$25. Printed directions for running and using accompanying each.

**No. 2, IS ALSO A GOOD AND POWERFUL MACHINE,**

No. 2.



Power obtained from permanent magnets, and is self-operating by a weight or crank, at the pleasure of the operator. Also warranted perfect, and to keep in order from natural use. Price from \$10 to \$15.

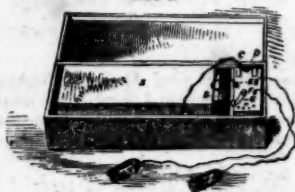
**No. 3, IS A MAGNETO-ELECTRIC MACHINE,**

Also moved by a spring, more portable and less powerful, but still effective. Four inches long, two wide, and two inches deep, which can

be carried in the pocket, and is always as ready for service as your watch when wound up, and all are designed to run as long as we would want them to, for any one application to a sick person. From \$10 to \$15.

**No. 4, IS AN ELECTRO-MAGNETIC ARRANGEMENT,**

No. 4.



With a dry or portable battery, which gives an interrupted current, or slight shocks, like the former, and runs from two to four hours, and can be worn on the person and continually in action and application. Is three and a half inches long, one inch deep, and two and a half to three inches wide. Price, \$5 to \$8.

**No. 5, IS A DRY BATTERY,**

To be continually worn on the person, and one pole or both to the diseased part, and the other as directed. Gives no shock, but furnishes a continuous current through the body or limbs, as the physician directs, and is to be worn at any and all times, in the bed or about your business. When applied it is like a belt, and fastened about the person, and the poles are led off to the parts to which it is desired to apply it. Price from \$3 to \$5.

It may be proper here to say, that during the last eight years we have been daily in the use of instruments of this kind, and find the fact established with us, that if instruments designed for medical use, are not constructed with reference to a due relation of quantity and intensity, they are comparatively unfit for medical use, and in many cases will aggravate some forms of nervous irritability, as is the case with the old electrical machines, consisting of the glass cylinders and Leyden jar, and that hard and powerful shocks, except in those cases of paralysis, where sensation and motion are both suspended, are never desirable; but rather to be avoided, and that in the great majority of cases, the benefit desired is not measured by the strength of sensation of the shock, but by the relative degree of quantity in the mechanical construction of the machine, which mere artists or mechanics, who are, for the most part, the ones that get up these things, cannot know; hence a great proportion of the machines are comparatively worthless

that are found in market, and hence, too, there are many more disappointments in their use than need be, when scientifically constructed for a remedial agent, as well as to sell.

We also observed in the Dec. No. of the *Lancet*, the remarks of Dr. Golding Bird to the same point, which were well timed and much to the point, on the subject of quantity and tension in the construction of the instrument, to which we would refer those interested in examining the subject.

The above machines will be furnished at the named prices, all warranted perfect, when ordered, put up securely and delivered to any express agency directed in the city of Philadelphia, when the money accompanies the order, directed to BULLOCK & CRENSHAW, who are sole Agents for Philadelphia.

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Charles M. Allen, M.D., Resident Surgeon of the New York Hospital, says of the above Machine, that "I have examined the Magneto-Electric Machine of Dr. Kinne's, and have employed it in surgical cases under my charge. I have been much pleased with its action, and consider that in convenience and readiness of application it has no superior."

I have examined Dr. Kinne's Magneto-Electric Machine, and consider it well adapted for medical purposes, possessing the advantage of operating without either chemical solutions or labor, and being capable of being wound up like a watch and giving a continued action, of an intensity easily regulated, for nearly half an hour. I regard it as superior to any machine now in use.

LAWRENCE REED, Professor of Chemistry.

*New York Hospital, Dec. 2, 1851.*

DR. KINNE,

DEAR SIR:—I have for some time past been using your Magneto-Electric Machine, for medical purposes, and am happy to say that I think it the most perfect thing of the kind now known, and the quality of the agent better than that derived from batteries formerly in use, and having the advantage of being always available in a moment's time.

I am yours, &c. respectfully,

T. JEFFERSON STOUT, M.D.

*New York, Dec. 15, 1851.*

No. 130 Prince street, N. Y.

DR. KINNE,

DEAR SIR:—I have examined your self-operating Magneto-Electric Machine for medical purposes, and consider it to possess several advantages over all other forms of the instrument which have fallen under my notice for the same purpose.

WILLIAM H. ELLET, M.D.,

*New York, Jan. 22, 1852.*

No. 14 Cottage Place.

The above Machines are approved by all the public institutions of New York, and about to be introduced into the Army and Navy as best and most convenient, and are universally adopted by the New York Faculty.